## Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 1 of 63

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| rt 1:                 | Identify Yourself  |  |  |
|-----------------------|--|--|--|
|                       |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |
| You                   | r full name  |  |  |
| your<br>pictu<br>exar | government-issued<br>ure identification (for<br>mple, your driver's          | Steven First name  D Middle name   | First name  Middle name  |
| iden                  | tification to your   | Roth Last name and Suffix (Sr., Jr., II, III)  | Last name and Suffix (Sr., Jr., II, III)   |
|                       |  |  |  |
|                       |  |  |  |
| your<br>num<br>Indi   | r Social Security<br>aber or federal<br>vidual Taxpayer<br>tification number | xxx-xx-4353  |  |
|                       | You Write your pictu exar licer Bring iden mee                               | Your full name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  Roth Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number  About Debtor 1:  Steven  First name  D  Middle name  Roth Last name and Suffix (Sr., Jr., II, III) |

Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 2 of 63

Case number (if known)

Debtor 1 Steven D Roth

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
|----|--|---|--|--|--|
| 1. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years<br>Include trade names and | ■ I have not used any business name or EINs.  Business name(s)  | ☐ I have not used any business name or EINs.  Business name(s)   |  |  |
|    | doing business as names  |   |  |  |  |
|    |  | EINs  | EINs   |  |  |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:  |  |  |
|    |  | 2421 Mallard Drive<br>Lindenhurst, IL 60046   |  |  |  |
|    |  | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |
|    |  | <u>Lake</u><br>County   | County   |  |  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |
| 6. | Why you are choosing   | Check one:  | Check one:   |  |  |
|    | this district to file for bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |
|    |  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |
|    |  |   |  |  |  |

Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 3 of 63

Case number (if known) Debtor 1 Steven D Roth

| ar  | Tell the Court About  | Your Ba     | ankruptcy Ca   | se  |   |   |                           |  |  |
|-----|---|-------------|----------------|---|---|---|---------------------------|--|--|
| 7.  | The chapter of the Bankruptcy Code you are  |             |                |   | of each, see <i>Notice Require</i> page 1 and check the appro | d by 11 U.S.C. § 342(b) for Individuals<br>priate box.  | s Filing for Bankruptcy   |  |  |
|     | choosing to file under  | ■ Chapter 7 |                |   |   |   |                           |  |  |
|     |   | ☐ Ch        | napter 11      |   |   |   |                           |  |  |
|     |   | ☐ Ch        | napter 12      |   |   |   |                           |  |  |
|     |   | ☐ Ch        | napter 13      |   |   |   |                           |  |  |
|     |   |             |                |   |   |   |                           |  |  |
| 3.  | How you will pay the fee  |             | about how yo   | u may pay. Typi<br>attorney is subn   | ically, if you are paying the fe                              | check with the clerk's office in your lo<br>ee yourself, you may pay with cash, c<br>behalf, your attorney may pay with a | ashier's check, or money  |  |  |
|     |   |             |                | d to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Filing Fee in Installments (Official Form 103A).  |   |   |                           |  |  |
|     |   | <del></del> | but is not req | est that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out |   |   |                           |  |  |
|     |   |             |                |   |   | ree in installments). If you choose this (Official Form 103B) and file it with yo   |                           |  |  |
| ).  | Have you filed for bankruptcy within the  | ■ No        |                |   |   |   |                           |  |  |
|     | last 8 years?   | ☐ Ye        | S.             |   |   |   |                           |  |  |
|     |   |             | District       |   | When  | Case number   |                           |  |  |
|     |   |             | District       |   | When  | Case number   |                           |  |  |
|     |   |             | District       |   | When  | Case number   |                           |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No        | ı              |   |   |   |                           |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Ye        | S.             |   |   |   |                           |  |  |
|     |   |             | Debtor         |   |   | Relationship to you   |                           |  |  |
|     |   |             | District       |   | When  | Case number, if known   | own                       |  |  |
|     |   |             | Debtor         |   |   | Relationship to you   |                           |  |  |
|     |   |             | District       |   | When  | Case number, if kno   | own                       |  |  |
| 11. | Do you rent your residence?   | ■ No        | Go to li       | ne 12.  |   |   |                           |  |  |
|     |   | ☐ Ye        | s. Has yo      | ur landlord obta  | ined an eviction judgment ag                                  | gainst you and do you want to stay in   | your residence?           |  |  |
|     |   |             |                | No. Go to line 1  | 12.   |   |                           |  |  |
|     |   |             |                | Yes. Fill out <i>Init</i> bankruptcy peti   |   | tion Judgment Against You (Form 10  | 1A) and file it with this |  |  |
|     |   |             |                |   |   |   |                           |  |  |

Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 4 of 63

Case number (if known) Debtor 1 Steven D Roth

| art | 3: Report About Any Bu  | sinesses               | You Own   | as a Sole Proprie                                    | tor   |  |
|-----|---|------------------------|---|--|---|--|
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.                  | Go to   | Part 4.  |   |  |
|     |   | ☐ Yes.                 | Name  | Name and location of business                        |   |  |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name  | Name of business, if any                             |   |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |                        | Numb  | er, Street, City, Stat                               | te & ZIP Code   |  |
|     | it to this petition.  |                        | Check   | Check the appropriate box to describe your business: |   |  |
|     |   |                        |   | Health Care Busir                                    | ness (as defined in 11 U.S.C. § 101(27A))   |  |
|     |   |                        |   | Single Asset Real                                    | Estate (as defined in 11 U.S.C. § 101(51B))   |  |
|     |   |                        |   | Stockbroker (as d                                    | efined in 11 U.S.C. § 101(53A))   |  |
|     |   |                        |   | Commodity Broke                                      | er (as defined in 11 U.S.C. § 101(6))   |  |
|     |   |                        |   | None of the above                                    |   |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a <i>small business</i><br><i>debtor?</i>   | deadlines<br>operation | e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate is. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ins, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure S.C. 1116(1)(B). |  |   |  |
|     | For a definition of small   | No.                    | I am not filing under Chapter 11.   |  |   |  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  |  |   |  |
|     |   | ☐ Yes.                 | I am fi   | ling under Chapter                                   | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |
| art | 4: Report if You Own or   | Have Any               | Hazardo   | us Property or An                                    | y Property That Needs Immediate Attention   |  |
| 14. | Do you own or have any  | ■ No.                  |   |  |   |  |
|     | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to  | ☐ Yes.                 | What is t   | he hazard?   |   |  |
|     | public health or safety?<br>Or do you own any   |                        | If immed  | ioto attantian ia                                    |   |  |
|     | property that needs immediate attention?  |                        |   | iate attention is why is it needed?                  |   |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                        | Where is  | the property?  |   |  |
|     |   |                        |   |  | Number, Street, City, State & Zip Code  |  |

Debtor 1 Steven D Roth Page 5 of 63 Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb  | tor 1 Steven D Roth  |   | Document  | Page 6 of 63 Case number   | er (if known)   |
|------|--|---|---|--|---|
| Part | 6: Answer These Quest  | ions for R  | Reporting Purposes  |  |   |
|      | What kind of debts do you have?                                | 16a.  |   |  | ned in 11 U.S.C. § 101(8) as "incurred by an  |
|      |  |   | ☐ No. Go to line 16b.   |  |   |
|      |  |   | Yes. Go to line 17.   |  |   |
|      |  | 16b.  |   | s debts? Business debts are debts tor through the operation of the bus       |   |
|      |  |   | ☐ No. Go to line 16c.   |  |   |
|      |  |   | ☐ Yes. Go to line 17.   |  |   |
|      |  | 16c.  | State the type of debts you owe that  | t are not consumer debts or busines  | ss debts  |
| 17.  | Are you filing under Chapter 7?                                | □ No.   | I am not filing under Chapter 7. Go   | to line 18.  |   |
|      | Do you estimate that after any exempt property is excluded and | ■ Yes.  | are paid that funds will be available   | estimate that after any exempt prop<br>to distribute to unsecured creditors? | perty is excluded and administrative expenses?  |
|      | administrative expenses are paid that funds will               |   | No  |  |   |
|      | be available for distribution to unsecured creditors?          |   | ☐ Yes   |  |   |
| 18.  | How many Creditors do  | <b>1</b> -49                                      |   | <b>1</b> ,000-5,000  | <b>1</b> 25,001-50,000  |
|      | you estimate that you owe?                                     | □ 50-99   |   | ☐ 5001-10,000<br>☐ 40,004,05,000   | ☐ 50,001-100,000  |
|      |  | ☐ 100-1<br>☐ 200-9                                |   | ☐ 10,001-25,000  | ☐ More than100,000  |
| 19.  | How much do you estimate your assets to                        | □ \$0 - \$  | •   | □ \$1,000,001 - \$10 million   | \$500,000,001 - \$1 billion   |
|      | be worth?  | □ \$50,001 - \$100,000<br>■ \$100,001 - \$500,000 |   | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million                 | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                   |
|      |  |   | ,001 - \$500,000<br>,001 - \$1 million  | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion  |
| 20.  | How much do you estimate your liabilities                      | □ \$0 - \$  | ·   | □ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion   |
|      | to be?   |   | 001 - \$100,000<br>,001 - \$500,000   | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million                 | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                   |
|      |  |   | ,001 - \$500,000<br>,001 - \$1 million  | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion  |
| Part | :7: Sign Below   |   |   |  |   |
| For  | you  | I have ex   | xamined this petition, and I declare ur   | nder penalty of perjury that the inforr                                      | mation provided is true and correct.  |
|      |  |   | chosen to file under Chapter 7, I am<br>states Code. I understand the relief av |  | , under Chapter 7, 11,12, or 13 of title 11, noose to proceed under Chapter 7.          |
|      |  |   | orney represents me and I did not pay<br>nt, I have obtained and read the notic |  | ot an attorney to help me fill out this   |
|      |  | I request   | t relief in accordance with the chapter   | of title 11, United States Code, spe   | cified in this petition.  |
|      |  | bankrupt<br>and 357                               | tcy case can result in fines up to \$250<br>1.                                  |  | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
|      |  |   | ven D Roth D Roth   | Signature of Debto   | or 2  |
|      |  |   | re of Debtor 1  | Signature of Bobio   | · <del>-</del>  |
|      |  | Executed  |   | Executed on  |   |
|      |  |   | MM / DD / YYYY  | MM   | 1 / DD / YYYY   |

MM / DD / YYYY

Debtor 1 Steven D Roth Page 7 of 63 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Daniel      | J Winter               | Date          | October 9, 2017    |  |
|-----------------|------------------------|---------------|--------------------|--|
| Signature of    | Attorney for Debtor    |               | MM / DD / YYYY     |  |
| Daniel J W      | /inter                 |               |                    |  |
| Law Office      | es of Daniel J Winter  |               |                    |  |
| Firm name       |                        |               |                    |  |
| 53 W Jack       | son Boulevard          |               |                    |  |
| Suite 718       |                        |               |                    |  |
| Chicago, I      | L 60604                |               |                    |  |
| Number, Street, | City, State & ZIP Code |               |                    |  |
| Contact phone   | 312-427-1613           | Email address | djw@dwinterlaw.com |  |
| 6208223         |                        |               |                    |  |
| Bar number & S  | tate                   |               |                    |  |

Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 8 of 63

| Deb   | tor 1  | Steven D Roth                     |   |  | Case number  | (if known)   |  |  |
|---|--------|-----------------------------------|---|--|--|--|--|--|
| Part  | 6: A   | nswer These Questi                | ons for Re  | eporting Purposes  |  |  |  |  |
| 16.   | What I | kind of debts do                  | 16a.  | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." |  |  |  |  |
|   |        |                                   |   | ☐ No. Go to line 16b.  |  |  |  |  |
|   |        |                                   |   | Yes. Go to line 17.  |  |  |  |  |
|   |        |                                   | 16b.  | Are your debts primarily busines money for a business or investment  | s debts? Business debts are debts the tor through the operation of the business    | at you incurred to obtain ess or investment.                                       |  |  |
|   |        |                                   |   | ☐ No. Go to line 16c.  |  |  |  |  |
|   |        |                                   |   | ☐ Yes. Go to line 17.  |  |  |  |  |
|   |        |                                   | 16c.  | State the type of debts you owe that   | t are not consumer debts or business   | debts  |  |  |
|   |        |                                   |   |  |  |  |  |  |
| 17.   | Are yo | ou filing under<br>er 7?          | □ No.   | I am not filing under Chapter 7. Go  | to line 18.  |  |  |  |
| Do you estimate that after any exempt property is excluded and Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and Yes. |        |                                   |   | ty is excluded and administrative expenses   |  |  |  |  |
| administ<br>are paid<br>be availa   |        | istrative expenses                |   | ■ No   |  |  |  |  |
|   |        | id that funds will allable for    |   | □ Yes  |  |  |  |  |
| distribution to unsecured creditors?  |        |                                   |   |  |  |  |  |  |
| 18.   | How n  | nany Creditors do                 | 1-49  |  | ☐ 1,000-5,000  | □ 25,001-50,000  |  |  |
|   | you es | stimate that you                  | ☐ 50-99   |  | ☐ 5001-10,000  | □ 50,001-100,000   |  |  |
|   |        |                                   | ☐ 100-19<br>☐ 200-9                               |  | 10,001-25,000  | ☐ More than100,000   |  |  |
|   |        |                                   |   |  |  | <b>—</b>   |  |  |
| 19.   |        | nuch do you<br>ate your assets to | □ \$0 - \$  | 50,000<br>01 - \$100,000   | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million                         | ☐ \$500,000,001 - \$1 billion<br>☐ \$1,000,000,001 - \$10 billion                  |  |  |
|   | be wo  | rth?                              |   | 001 - \$500,000  | □ \$50,000,001 - \$100 million   | □ \$10,000,000,001 - \$50 billion  |  |  |
|   |        |                                   | □ \$500,  | 001 - \$1 million  | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion   |  |  |
| 20.   |        | nuch do you                       | □ \$0 - \$  | 50,000   | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion  |  |  |
|   | to be? | ate your liabilities              |   | 001 - \$100,000  | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million                       | \$1,000,000,001 - \$10 billion<br>\$10,000,000,001 - \$50 billion                  |  |  |
|   |        |                                   | ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million |  | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion   |  |  |
| Par   | t 7: S | ign Below                         |   |  |  |  |  |  |
| For   | you    |                                   | I have ex   | amined this petition, and I declare un   | nder penalty of perjury that the informa   | ation provided is true and correct.  |  |  |
|   |        |                                   | If I have of United St                            | chosen to file under Chapter 7, I am tates Code. I understand the relief av  | aware that I may proceed, if eligible, u<br>vailable under each chapter, and I cho | nder Chapter 7, 11,12, or 13 of title 11, ose to proceed under Chapter 7.          |  |  |
| If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill of document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  |        |                                   | an attorney to help me fill out this              |  |  |  |  |  |
|   |        |                                   | I request   | relief in accordance with the chapter  | r of title 11, United States Code, specif  | fied in this petition.   |  |  |
|   |        | ,                                 | I underst<br>bankrupt<br>and 3571                 | cy case can result in fines up to \$250  | ealing property, or obtaining money or 0,000, or imprisonment for up to 20 year.   | property by fraud in connection with a ars, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |
|   |        |                                   | Steven<br>Signature                               | D Roth<br>e of Debtor 1  | Signature of Debtor 2  | 2  |  |  |
|   |        |                                   | Executed  | dons 10/9/17<br>MM/DD/YYYY   | Executed on MM /   | DD / YYYY  |  |  |
|   |        |                                   |   |  |  |  |  |  |

|                          |                          | Docume            | ent Page 9 of 63 |                                      |
|--------------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this inform      | mation to identify your  | case:             |                  |                                      |
| Debtor 1                 | Steven D Roth            |                   |                  |                                      |
|                          | First Name               | Middle Name       | Last Name        |                                      |
| Debtor 2                 |                          |                   |                  |                                      |
| (Spouse if, filing)      | First Name               | Middle Name       | Last Name        |                                      |
| United States Ba         | inkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                                      |
| Case number _ (if known) |                          |                   |                  | ☐ Check if this is an amended filing |
|                          |                          |                   |                  |                                      |
|                          |                          |                   |                  |                                      |

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|    |  | Your a      | essets<br>of what you own |
|----|--|-------------|---------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 242,000.00                |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 36,291.00                 |
|    | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 278,291.00                |
| Pa | t 2: Summarize Your Liabilities  |             |                           |
|    |  |             | iabilities<br>nt you owe  |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 261,241.00                |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 65,993.00                 |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 116,038.00                |
|    | Your total liabilities   | \$          | 443,272.00                |
| Pa | t 3: Summarize Your Income and Expenses  |             |                           |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 9,958.83                  |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 9,958.00                  |
| Pa | 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sc | hedules.                  |
| 7. | ■ Yes What kind of debt do you have?   |             |                           |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Case 17-30285 Document

Page 10 of 63
Case number (if known) Debtor 1 Steven D Roth

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 12,598.00 \$ 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total | claim     |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |       |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 65,993.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$    | 0.00      |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 65,993.00 |

|                              | (   | Case 17-3028!  | 5 Doc 1   |                          | 10/10/17<br>ument                 | Entered 10/10/17<br>Page 11 of 63  | ' 10:50:51                         | Desc M                           | /lain  |
|------------------------------|---|--|---|--------------------------|-----------------------------------|--|------------------------------------|----------------------------------|--|
| Fill                         | in this info  | ormation to identify   | your case and th  |                          |                                   |  |                                    |                                  |  |
| Deb                          | otor 1  | Steven D Ro  |   | e Name                   |                                   | Last Name  |                                    |                                  |  |
|                              | otor 2<br>ouse, if filing)                                    | First Name   |   | e Name                   |                                   | Last Name  |                                    |                                  |  |
| Unit                         | ted States  | Bankruptcy Court for   | the: NORTHER  | N DISTI                  | RICT OF ILLIN                     | NOIS   |                                    |                                  |  |
| Cas                          | se number   |  |   |                          |                                   | -  |                                    |                                  | Check if this is an amended filing                         |
| _                            |   | orm 106A/E   | =   |                          |                                   |  |                                    |                                  | 12/15  |
| n ea<br>hink<br>nfor<br>ansv | ch category<br>tit fits best.<br>mation. If m<br>wer every qu | , separately list and d<br>Be as complete and a<br>ore space is needed,<br>estion. | escribe items. List<br>accurate as possibl<br>attach a separate s | le. If two<br>heet to th | married people<br>is form. On the | in asset fits in more than one of are filing together, both are e e top of any additional pages, on or Have an Interest In | qually responsible                 | e for supplyin                   | ategory where you  |
|                              |   | •  | <u> </u>  |                          |                                   |  |                                    |                                  |  |
| . Do                         | o you own c   | r have any legal or eq   | uitable interest in a   | any resid                | ence, building,                   | land, or similar property?   |                                    |                                  |  |
|                              | I No. Go to F<br>I Yes. Wher                                  | e is the property?   |   |                          |                                   |  |                                    |                                  |  |
| 1.1                          |   |  |   | What                     | is the property                   | ? Check all that apply   |                                    |                                  |  |
|                              | 2421 Ma   | Illard Drive   |   | ·                        | Single-family h                   |  | Do not deduct sec                  | cured claims or                  | r exemptions Put   |
|                              | Street addre  | ss, if available, or other des   | cription  | _<br>_<br>_              | Duplex or mult                    |  | the amount of any Creditors Who Ha | secured claim                    | ns on <i>Schedule D:</i>                                   |
|                              | Lindenh   | urst IL  | 60046-0000  |                          | Manufactured<br>Land              | or mobile home   | Current value of entire property?  |                                  | rent value of the tion you own?                            |
|                              | City  | State  | ZIP Code  | Uha Wha                  | Investment pro Timeshare Other    | in the property? Check one   |                                    | ure of your ow<br>ple, tenancy b | \$242,000.00<br>wnership interest<br>by the entireties, or |
|                              |   |  |   | WIIO                     | Debtor 1 only                     | In the property? Check one   | 1/2 with wife                      |                                  |  |
|                              | Lake  |  |   |                          | Debtor 2 only                     |  |                                    |                                  |  |
|                              | County  |  |   |                          | Debtor 1 and [                    | •  |                                    | s is communit                    | y property   |
|                              |   |  |   |                          |                                   | the debtors and another  ou wish to add about this item  on number:  | such as local                      | s)                               |  |
|                              |   |  |   |                          | -                                 | 002 for \$242,000 (value p   | er Zillow)                         |                                  |  |
|                              |   |  |   | -                        |                                   | · · ·  | ·                                  |                                  |  |

Part 2: Describe Your Vehicles

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for

pages you have attached for Part 1. Write that number here......

12.1

\$242,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 12 of 63 Case number (if known)

Debtor 1 Steven D Roth 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Ford Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Explorer** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2012 Year: Debtor 2 only Current value of the Current value of the 125000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Wife Drives \$10,000.00 \$10,000.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Ford Who has an interest in the property? Check one 3.2 Make: the amount of any secured claims on Schedule D: **Fusion** Creditors Who Have Claims Secured by Property. ■ Debtor 1 only Model: 2017 Debtor 2 only Current value of the Current value of the 6,500 Approximate mileage: ☐ Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another Leased \$20,000.00 \$20,000.00 ☐ Check if this is community property (see instructions) Coachmen 3.3 Make: Who has an interest in the property? Check one Do not deduct secured claims or exemptions. Put Spirit of the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Debtor 1 only Model: AmericaTravelTrailer 2006 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another \$750.00 \$750.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$30,750.00 pages you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ☐ No Yes. Describe..... \$1.000.00 Furniture, 2 refrigerators, range, dishwasher

Official Form 106A/B Schedule A/B: Property page 2

Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 13 of 63

| D  | Steven D   | Roth Case number (if known  | <i>"</i>                         |
|----|--|---|----------------------------------|
| 7. |  | s and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music<br>cell phones, cameras, media players, games | collections; electronic devices  |
|    | □ No   |   |                                  |
|    | Yes. Describe  |   |                                  |
|    |  |   |                                  |
|    |  | 3 Tvs, x box, 2 stereos, 3 iphones, ipad, ipod  | \$1,000.00                       |
|    |  |   |                                  |
| 8. | other colle  | and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, co<br>ections, memorabilia, collectibles    | n, or baseball card collections; |
|    | ■ No □ Yes. Describe                                 |   |                                  |
| 9. | musical in ☐ No                                      | s and hobbies iotographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoe istruments                     | s and kayaks; carpentry tools;   |
|    | Yes. Describe  |   |                                  |
|    |  | Golf Clubs, baseball bats, 3 bikes  | \$200.00                         |
|    |  | Con Clubs, baseban bats, 5 bikes  | Ψ200100                          |
| 10 | D. Firearms  Examples: Pistols, r  No  Yes. Describe | ifles, shotguns, ammunition, and related equipment  |                                  |
|    |  | Remington 870 12 gage   | \$100.00                         |
| _  |  | g.on 0.0 12 gago  |                                  |
| 11 | . Clothes  Examples: Everyday  □ No  ■ Yes. Describe | v clothes, furs, leather coats, designer wear, shoes, accessories   |                                  |
|    |  | clothes   | \$150.00                         |
|    |  |   |                                  |
| 12 |  | p jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems  | , gold, silver                   |
|    | □ No   |   |                                  |
|    | Yes. Describe  |   |                                  |
|    |  | wedding ring, 3 watches   | \$500.00                         |
| _  |  | ,   |                                  |
| 13 | B. <b>Non-farm animals</b> Examples: Dogs, ca        | ts birds horses   |                                  |
|    | □ No   | ,,  |                                  |
|    | Yes. Describe  |   |                                  |
|    |  |   |                                  |
|    |  | Golden retriever, springer spaniel  | \$20.00                          |
|    |  |   |                                  |
| 14 | . Any other personal                                 | and household items you did not already list, including any health aids you did not list  |                                  |
|    | No   |   |                                  |
|    | ☐ Yes. Give specific                                 | information   |                                  |
|    |  |   |                                  |
| 1  | 5. Add the dollar val                                | ue of all of your entries from Part 3, including any entries for pages you have attached  | \$2,070,00                       |

for Part 3. Write that number here .....

\$2,970.00

Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 14 of 63 Case number (if known) Debtor 1 Steven D Roth Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... **North Shore Trust & Savings** \$70.00 17.1. checking Checking 1/2 with \$300.00 Chase 17.2. wife 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture □ No Yes. Give specific information about them..... Name of entity: % of ownership: **Shares of Steve Roth Insurance Agency Inc** 100 % \$1.00 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

□ No

Yes. .....

Institution name or individual:

**Fred Gust** \$1,200.00

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

■ No

Issuer name and description. ☐ Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Page 15 of 63

Case number (if known) Document Debtor 1 Steven D Roth 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No  $\hfill \square$  Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: State Farm- Term Children \$0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim.......

page 5

|                         | Case 17-30285   | Doc 1             | Filed 10/10/17<br>Document                     | Entered 10/10/17 10:50                       | 0:51 Desc Main  |
|-------------------------|---|-------------------|--|--|---|
| Debtor 1                | Steven D Roth   |                   | Boodinent                                      | Page 16 of 63  Case number (if               | f known)  |
| ■ No                    | ancial assets you did no  | -                 |  |  |   |
|                         |   |                   |  | ny entries for pages you have attach         |   |
| Part 5: Des             | scribe Any Business-Relate  | ed Property You   | Own or Have an Interest                        | In. List any real estate in Part 1.          |   |
| ☐ No. Go                | own or have any legal or eq<br>to Part 6.<br>So to line 38.       | uitable interest  | in any business-related p                      | roperty?                                     |   |
| _ 700. 0                |   |                   |  |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No                    | nts receivable or commi   | ssions you alı    | ready earned                                   |  |   |
| Examp                   | equipment, furnishings,<br>bles: Business-related con<br>Describe | and supplies      | re, modems, printers, co                       | opiers, fax machines, rugs, telephones       | s, desks, chairs, electronic devices  |
|                         |   |                   | denza, refrigerator,<br>cy to the extent it is | microwave, conference table personally owned | \$1,000.00  |
| ■ No                    | nery, fixtures, equipmen  | t, supplies you   | ı use in business, and                         | tools of your trade                          |   |
| 41. Invento ■ No □ Yes. | Describe  |                   |  |  |   |
| ■ No                    | ts in partnerships or joi<br>Give specific information<br>Na      |                   |  | % of ownership                               | p:  |
| 43. Custon              | ner lists, mailing lists, o                                       | r other compil    | ations   |  |   |
| ☐ Do you                | ır lists include personally id                                    | dentifiable infor | mation (as defined in 11 U.                    | S.C. § 101(41A))?                            |   |
| _                       | ■ No<br>□ Yes. Describe   |                   |  |  |   |
| 44. <b>Any bu</b> ■ No  | siness-related property   |                   | lana da Bat                                    |  |   |
|                         | Give specific information.  |                   | iready list                                    |  |   |

Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 17 of 63 Case number (if known)

| 45.  | Add the dollar value of all of your entries from Part 5, including for Part 5. Write that number here                                |                       |                              | \$1,000.00   |
|------|--|-----------------------|------------------------------|--------------|
| Part | 16: Describe Any Farm- and Commercial Fishing-Related Property You of If you own or have an interest in farmland, list it in Part 1. | Own or Have an Intere | st In.                       |              |
| 46.  | Do you own or have any legal or equitable interest in any farm-  | or commercial fishir  | ng-related property?         |              |
|      | No. Go to Part 7.  |                       |                              |              |
|      | ☐ Yes. Go to line 47.  |                       |                              |              |
| Part | 7: Describe All Property You Own or Have an Interest in That You   | Did Not List Above    |                              |              |
|      | Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No              |                       |                              |              |
|      | ■ No  ☐ Yes. Give specific information   |                       |                              |              |
| -    | - res. Give specific information   |                       |                              |              |
| 54.  | Add the dollar value of all of your entries from Part 7. Write that  | t number here         |                              | \$0.00       |
| Part | 8: List the Totals of Each Part of this Form   |                       |                              |              |
| 55.  | Part 1: Total real estate, line 2  |                       |                              | \$242,000.00 |
| 56.  | Part 2: Total vehicles, line 5   | \$30,750.00           | _                            |              |
| 57.  | Part 3: Total personal and household items, line 15  | \$2,970.00            |                              |              |
| 58.  | Part 4: Total financial assets, line 36  | \$1,571.00            |                              |              |
| 59.  | Part 5: Total business-related property, line 45   | \$1,000.00            |                              |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52  | \$0.00                |                              |              |
| 61.  | Part 7: Total other property not listed, line 54 +   | \$0.00                |                              |              |
| 62.  | Total personal property. Add lines 56 through 61   | \$36,291.00           | Copy personal property total | \$36,291.00  |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62   |                       |                              | \$278,291.00 |

Official Form 106A/B Schedule A/B: Property page 7

|   |                         | IAAAIII           |             |                                      |
|---|-------------------------|-------------------|-------------|--------------------------------------|
| Fill in this infor                      | mation to identify your | case:             |             |                                      |
| Debtor 1                                | Steven D Roth           |                   |             |                                      |
|   | First Name              | Middle Name       | Last Name   |                                      |
| Debtor 2                                |                         |                   |             |                                      |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name   |                                      |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS |                                      |
| Case number (if known)                  |                         |                   |             | ☐ Check if this is an amended filing |
|   |                         |                   |             | amended illing                       |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Pro | perty You | u Claim a | s Exempt |
|---------|----------|---------|-----------|-----------|----------|
|---------|----------|---------|-----------|-----------|----------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Specific laws that allow exemp  | otion |
|--|--------------------------------------|---|-------|
| ,  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption.                            |       |
| 2421 Mallard Drive Lindenhurst, IL 60046 Lake County                                   | \$242,000.00                         | \$15,000.00 735 ILCS 5/12-901                                     |       |
| purchased in 2002 for \$242,000 (value per Zillow) Line from Schedule A/B: 1.1         |                                      | □ 100% of fair market value, up to any applicable statutory limit |       |
| 2006 Coachmen Spirit of AmericaTravelTrailer   | \$750.00                             | \$750.00 735 ILCS 5/12-1001(b)                                    |       |
| Line from Schedule A/B: 3.3  |                                      | 100% of fair market value, up to any applicable statutory limit   |       |
| Furniture, 2 refrigerators, range, dishwasher  | \$1,000.00                           | \$1,500.00 735 ILCS 5/12-1001(b)                                  |       |
| Line from Schedule A/B: 6.1  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |       |
| 3 Tvs, x box, 2 stereos, 3 iphones, ipad, ipod   | \$1,000.00                           | \$1,000.00 735 ILCS 5/12-1001(b)                                  |       |
| Line from Schedule A/B: 7.1  |                                      | □ 100% of fair market value, up to any applicable statutory limit |       |
| Golf Clubs, baseball bats, 3 bikes Line from Schedule A/B: 9.1                         | \$200.00                             | \$200.00 735 ILCS 5/12-1001(b)                                    |       |
| Line from Goriedule A/D. G. 1  |                                      | 100% of fair market value, up to any applicable statutory limit   |       |

Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 19 of 63

Case number (if known)

| Steven D Roth  | Document   |  | Case number (if known)   |  |
|--|--|--|--|--|
| of description of the property and line on sedule A/B that lists this property             | Current value of the portion you own   | Amo  | ount of the exemption you claim  | Specific laws that allow exemption     |
|  | Copy the value from<br>Schedule A/B  | Che  | ck only one box for each exemption.  |  |
| mington 870 12 gage<br>e from <i>Schedule A/B</i> : 10.1                                   | \$100.00   |  | \$100.00   | 735 ILCS 5/12-1001(b)                  |
|  |  |  | 100% of fair market value, up to any applicable statutory limit  |  |
| thes   | \$150.00   |  |  | 735 ILCS 5/12-1001(a)                  |
| e IIIIII Schedule AVB. 1111  |  |  | 100% of fair market value, up to any applicable statutory limit  |  |
| dding ring, 3 watches  | \$500.00   |  |  | 735 ILCS 5/12-1001(a)                  |
| e from Scriedule AVB: 12.1   |  |  | 100% of fair market value, up to any applicable statutory limit  |  |
| Iden retriever, springer spaniel   | \$20.00  |  | \$20.00  | 735 ILCS 5/12-1001(b)                  |
| e nom schedule A/D. 10.1   |  |  | 100% of fair market value, up to any applicable statutory limit  |  |
| ecking: North Shore Trust &  | \$70.00  |  | \$70.00  | 735 ILCS 5/12-1001(b)                  |
| e from Schedule A/B: 17.1  |  |  | 100% of fair market value, up to any applicable statutory limit  |  |
| ecking 1/2 with wife: Chase  | \$300.00   |  | \$360.00   | 735 ILCS 5/12-1001(b)                  |
| S HOIII GENEGALE FAB. 17.12  |  |  | 100% of fair market value, up to any applicable statutory limit  |  |
| ares of Steve Roth Insurance   | \$1.00   |  | \$1.00   | 735 ILCS 5/12-1001(d)                  |
| 0 % ownership<br>e from Schedule A/B: 19.1   |  |  | 100% of fair market value, up to any applicable statutory limit  |  |
| ite Farm- Term   | \$0.00   |  |  | 215 ILCS 5/238                         |
| e from Schedule A/B: 31.1  |  |  | 100% of fair market value, up to any applicable statutory limit  |  |
| sks, Chairs, credenza, refrigerator,   | \$1,000.00   |  | \$1,000.00   | 735 ILCS 5/12-1001(d)                  |
| urance agency to the extent it is sonally owned e from Schedule A/B: 39.1                  |  |  | 100% of fair market value, up to any applicable statutory limit  |  |
| bject to adjustment on 4/01/19 and every 3 No Yes. Did you acquire the property covere  No | B years after that for ca  | ises fi  | ,  | ,                                      |
|  | f description of the property and line on edule A/B that lists this property  mington 870 12 gage from Schedule A/B: 10.1  thes from Schedule A/B: 11.1  dding ring, 3 watches from Schedule A/B: 12.1  Iden retriever, springer spaniel from Schedule A/B: 13.1  ecking: North Shore Trust & rings from Schedule A/B: 17.1  ecking 1/2 with wife: Chase from Schedule A/B: 17.2  ares of Steve Roth Insurance from Schedule A/B: 17.2  ares of Steve Roth Insurance from Schedule A/B: 19.1  te Farm- Term from Schedule A/B: 31.1  sks, Chairs, credenza, refrigerator, crowave, conference table in from Schedule A/B: 31.1  sks, Chairs, credenza, refrigerator, crowave, conference table in from Schedule A/B: 39.1  you claiming a homestead exemption of bject to adjustment on 4/01/19 and every 3  No  Yes. Did you acquire the property covered | Steven D Roth  if description of the property and line on edule A/B that lists this property  mington 870 12 gage if from Schedule A/B: 10.1  thes if from Schedule A/B: 11.1  dding ring, 3 watches if from Schedule A/B: 12.1  dden retriever, springer spaniel if from Schedule A/B: 13.1  decking: North Shore Trust & \$70.00  ecking: North Shore Trust & \$70.00  ecking: North Shore Trust & \$300.00  ecking: North Shore Trust & \$1.00  eckin | Steven D Roth  If description of the property and line on edule A/B that lists this property  Imington 870 12 gage if from Schedule A/B: 10.1  Ithes Inform Schedule A/B: 11.1  Ithes Inform Schedule A/B: 11.1  Ithes Inform Schedule A/B: 11.1  Ithes Inform Schedule A/B: 12.1  Ithes Inform Schedule A/B: 12.1  Ithes Inform Schedule A/B: 13.1  Ithes Inform Schedule A/B: 17.2  Ithes Inform Schedule A/B: 17.1  Ithes Inform Schedule A/B: 17.2  Ithes Inform Schedule A/B: 17.2  Ithes Inform Schedule A/B: 13.1  Ithes Inform Schedule A/B: 31.1  Inform Schedu | Steven D Roth   Case number (if known) |

|   | Document  | Page 20         | of 63                              |  |                    |
|---|---|-----------------|------------------------------------|--|--------------------|
| Fill in this information to identify yo   | ur case:  |                 |                                    |  |                    |
| Debtor 1 Steven D Roth  |   |                 |                                    |  |                    |
| Debtor 1 Steven D Roth First Name   | Middle Name                                       | Last Name       |                                    | -  |                    |
| Debtor 2  | imade i tame                                      | Zaot Hamo       |                                    |  |                    |
| (Spouse if, filing) First Name  | Middle Name                                       | Last Name       |                                    |  |                    |
|   |   |                 |                                    |  |                    |
| United States Bankruptcy Court for the  | e: NORTHERN DISTRICT OF ILLII                     | NOIS            |                                    | -  |                    |
| Case number   |   |                 |                                    |  |                    |
| Case number   |   |                 |                                    | ☐ Check                                      | if this is an      |
|   |   |                 |                                    |  | led filing         |
|   |   |                 |                                    | umone  | ica illing         |
| Official Form 106D  |   |                 |                                    |  |                    |
|   |   | <b>.</b>        | I D                                |  |                    |
| Schedule D: Creditors   | s who have Claims S                               | <u>ecurea</u>   | by Propert                         | <u>y                                    </u> | 12/15              |
| Be as complete and accurate as possible.  | If two married people are filing together         | r hoth are equ  | ally responsible for su            | innlying correct informa                     | tion If more space |
| is needed, copy the Additional Page, fill it  |   |                 |                                    |  |                    |
| number (if known).  |   |                 |                                    |  |                    |
| 1. Do any creditors have claims secured by  | y your property?                                  |                 |                                    |  |                    |
| ☐ No. Check this box and submit   | this form to the court with your other s          | chedules. You   | u have nothing else t              | to report on this form.                      |                    |
| Yes. Fill in all of the information   | helow   |                 |                                    |  |                    |
|   | below.  |                 |                                    |  |                    |
| Part 1: List All Secured Claims   |   |                 | Column A                           | Column B                                     | Column C           |
| 2. List all secured claims. If a creditor has   |   |                 |                                    |  |                    |
| for each claim. If more than one creditor ha much as possible, list the claims in alphabe |   |                 | Amount of claim  Do not deduct the | Value of collateral that supports this       | Unsecured portion  |
|   | lical order according to the creditor 3 hame.     |                 | value of collateral.               | claim  | If any             |
| 2.1 Ford Motor Credit   | Describe the property that secures the            | e claim:        | \$13,968.00                        | \$20,000.00                                  | \$0.00             |
| Creditor's Name   | 2017 Ford Fusion 6,500 miles                      | ;               |                                    |  |                    |
| National Bankruptcy   | Leased  |                 |                                    |  |                    |
| Service Center  | As of the date you file, the claim is: C          | heck all that   |                                    |  |                    |
| Po Box 62180  | apply.  | neck all triat  |                                    |  |                    |
| Colorado Springs, CO<br>80962   | ☐ Contingent                                      |                 |                                    |  |                    |
| Number, Street, City, State & Zip Code  | □ Hallanddarad                                    |                 |                                    |  |                    |
| Number, Street, City, State & Zip Code  | ☐ Unliquidated                                    |                 |                                    |  |                    |
| Who owes the debt? Check one.   | ☐ Disputed  Nature of lien. Check all that apply. |                 |                                    |  |                    |
| _   | _   |                 |                                    |  |                    |
| Debtor 1 only   | An agreement you made (such as mo<br>car loan)    | ortgage or secu | red                                |  |                    |
| Debtor 2 only   |   |                 |                                    |  |                    |
| Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mech          | ianic's lien)   |                                    |  |                    |
| At least one of the debtors and another   | ☐ Judgment lien from a lawsuit                    |                 |                                    |  |                    |
| Check if this claim relates to a  | ☐ Other (including a right to offset)             |                 |                                    |  |                    |
| community debt  |   |                 |                                    |  |                    |
| Opened  |   |                 |                                    |  |                    |
| 06/17 Last  |   |                 |                                    |  |                    |
| Active  |   |                 |                                    |  |                    |
| Date debt was incurred 9/13/17  | Last 4 digits of account number                   | er 3171         |                                    |  |                    |
|   |   |                 |                                    |  |                    |
| 2.2 IRS- Notice   | Describe the property that secures th             | e claim:        | \$2,250.00                         | \$242,000.00                                 | \$0.00             |
| Creditor's Name   | 2421 Mallard Drive Lindenhur                      | rst, IL         |                                    |  |                    |
|   | 60046 Lake County                                 | ·               |                                    |  |                    |
|   | purchased in 2002 for \$242,00                    | 00              |                                    |  |                    |
| PO Box 7346   | (value per Zillow)                                |                 |                                    |  |                    |
| Philadelphia, PA  | As of the date you file, the claim is: Clapply.   | heck all that   |                                    |  |                    |
| 19101-7346  | Contingent  |                 |                                    |  |                    |
| Number, Street, City, State & Zip Code  | ☐ Unliquidated                                    |                 |                                    |  |                    |
|   | ☐ Disputed  |                 |                                    |  |                    |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.             |                 |                                    |  |                    |
| ■ Debtor 1 only   | ☐ An agreement you made (such as m                | ortgage or secu | red                                |  |                    |
| Debtor 2 only   | car loan)   |                 |                                    |  |                    |
| Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mech          | nanic's lien)   |                                    |  |                    |
|   | , ( 30 107, 11001                                 |                 |                                    |  |                    |

Official Form 106D

☐ Judgment lien from a lawsuit

☐ At least one of the debtors and another

# Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 21 of 63

| Debtor 1 Steven D Roth  |  | Case number (if know) |              |        |
|---|--|-----------------------|--------------|--------|
| First Name Middle N   | Name Last Name   |                       |              |        |
| ☐ Check if this claim relates to a community debt   | Other (including a right to offset) Tax Lier   | 1                     |              |        |
| Date debt was incurred 2010   | Last 4 digits of account number  |                       |              |        |
| 2.3 Santander Consumer USA Creditor's Name  | Describe the property that secures the claim:  2006 Coachmen Spirit of AmericaTravelTrailer  | \$646.00              | \$750.00     | \$0.00 |
| Po Box 961245<br>Ft Worth, TX 76161   | As of the date you file, the claim is: Check all that apply.  Contingent   | J                     |              |        |
| Number, Street, City, State & Zip Code  | ☐ Unliquidated ☐ Disputed  |                       |              |        |
| Who owes the debt? Check one.  ■ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another  □ Check if this claim relates to a community debt | Nature of lien. Check all that apply.      An agreement you made (such as mortgage or car loan)      Statutory lien (such as tax lien, mechanic's lien)      Judgment lien from a lawsuit      Other (including a right to offset) |                       |              |        |
| Opened 07/06 Last Active 8/09/17  | Last 4 digits of account number 100  | 0                     |              |        |
| 2.4 State Farm Bank Creditor's Name  Po Box 2316  | Describe the property that secures the claim:  2421 Mallard Drive Lindenhurst, IL 60046 Lake County purchased in 2002 for \$242,000 (value per Zillow) As of the date you file, the claim is: Check all that apply.                | \$203,323.00          | \$242,000.00 | \$0.00 |
| Bloomington, IL 61702  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  | ☐ Contingent ☐ Unliquidated ☐ Disputed  Nature of lien. Check all that apply.  |                       |              |        |
| ■ Debtor 1 only □ Debtor 2 only   | An agreement you made (such as mortgage or<br>car loan)  | secured               |              |        |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt  | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)  |                       |              |        |
| Opened 04/08 Last Active 8/08/17  | Last 4 digits of account number 938  | 5                     |              |        |
| 2.5 State Farm Bank   | Describe the property that secures the claim:  | \$24,509.00           | \$242,000.00 | \$0.00 |
| Attn: Bankruptcy Po Box 2328 Bloomington, IL 61702 Number, Street, City, State & Zip Code   | 2421 Mallard Drive Lindenhurst, IL 60046 Lake County purchased in 2002 for \$242,000 (value per Zillow)  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed                            |                       |              |        |

#### Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Page 22 of 63 Document

| Debtor 1 Steven D                            | Roth                                      |                  |                                       | (           | Case number (if know) |             |            |
|--|---|------------------|---------------------------------------|-------------|-----------------------|-------------|------------|
| First Name                                   | Middle N                                  | lame             | Last Name                             |             |                       |             |            |
| Who owes the debt?                           | Check one.                                | Nature of        | f lien. Check all that apply.         |             |                       |             |            |
| ■ Debtor 1 only ■ Debtor 2 only              |   | An agr           | reement you made (such as mort<br>an) | gage or sec | cured                 |             |            |
| Debtor 1 and Debtor 2                        | 2 only                                    | ☐ Statuto        | ory lien (such as tax lien, mechar    | nic's lien) |                       |             |            |
| ☐ At least one of the deb                    | •   |                  | nent lien from a lawsuit              | ,           |                       |             |            |
| Check if this claim re community debt        | elates to a                               | Other (          | (including a right to offset)         |             |                       |             |            |
| Date daht was in summed                      | Opened<br>06/15 Last<br>Active            | 1.0              |                                       | 0001        |                       |             |            |
| Date debt was incurred                       | 9/19/17                                   | _ Las            | st 4 digits of account number         |             |                       |             |            |
| 2.6 State Farm Ba                            | nk  | Describe         | the property that secures the         | claim:      | \$16,545.00           | \$10,000.00 | \$6,545.00 |
| Creditor's Name                              |   | 2012 Fo          | ord Explorer 125000 mile              | es          |                       |             |            |
| Attn: Bankrup<br>Po Box 2328<br>Bloomington, | -   | As of the apply. | date you file, the claim is: Chec     | ck all that |                       |             |            |
| Number, Street, City, S                      | State & Zip Code                          | ☐ Unliqui        | idated                                |             |                       |             |            |
|  |   | Dispute          |                                       |             |                       |             |            |
| Who owes the debt?                           | Check one.                                | Nature of        | f lien. Check all that apply.         |             |                       |             |            |
| Debtor 1 only                                |   | An agr           | reement you made (such as mort        | gage or sec | cured                 |             |            |
| Debtor 2 only                                |   | car loa          | an)                                   |             |                       |             |            |
| Debtor 1 and Debtor 2                        | 2 only                                    | ☐ Statuto        | ory lien (such as tax lien, mechar    | nic's lien) |                       |             |            |
| ☐ At least one of the deb                    | otors and another                         | ☐ Judgm          | nent lien from a lawsuit              |             |                       |             |            |
| Check if this claim recommunity debt         | elates to a                               | Other (          | (including a right to offset)         |             |                       |             |            |
| Date debt was incurred                       | Opened<br>04/14 Last<br>Active<br>9/15/17 | Las              | st 4 digits of account number         | 0001        |                       |             |            |
|  |   |                  |                                       |             |                       |             |            |
| Add the dollar value of                      | f vour entries in C                       | Column A on      | n this page. Write that number        | here:       | \$261,241.0           | 0           |            |
|  | -   |                  | value totals from all pages.          |             | \$261,241.0           |             |            |
| Write that number her                        | 0.  |                  | · •                                   |             | \$∠01,241.U           | U           |            |

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Write that number here:

| Fill in this inform   | nation to identify your   | case:  |   | . 7 .7 (11 (13)  |   |  |  |
|---|---|--|---|--|---|--|--|
| Debtor 1  | Steven D Roth   |  |   |  |   |  |  |
| Dobtor 2  | First Name  | Middle Name  | Last Nar  | ne   |   |  |  |
| Debtor 2<br>(Spouse if, filing)   | First Name  | Middle Name  | Last Nar  | me   |   |  |  |
| United States Bar   | nkruptcy Court for the:   | NORTHERN DI  | STRICT OF ILLINOIS  |  |   |  |  |
| Case number   |   |  |   |  |   | _  | if this is an<br>ed filing                           |
| O#: -: -! F   | - 400E/E  |  |   |  |   |  | · ·  |
| Official Form   | <u>1106E/F</u><br>/F: Creditors W   | lha Haya Hi  | accourad Claim  | 10   |   |  | 12/15  |
| any executory control Schedule G: Execut Schedule D: Credito eft. Attach the Contame and case num | l accurate as possible. Us racts or unexpired leases tory Contracts and Unexpors Who Have Claims Sectinuation Page to this pagner (if known). | that could result ir<br>ired Leases (Officia<br>ured by Property. I<br>ge. If you have no ir | n a claim. Also list execut<br>al Form 106G). Do not inc<br>f more space is needed, c | ory contracts o<br>lude any credito<br>opy the Part yo | n Schedule A/B: P<br>ors with partially s<br>u need, fill it out, r | roperty (Official For<br>ecured claims that a<br>number the entries ir | n 106A/B) and on<br>re listed in<br>the boxes on the |
|   | rs have priority unsecure   |  | ?   |  |   |  |  |
| No. Go to Pa  |   | u ciaiilis agailist ye   | ou :  |  |   |  |  |
| Yes.  | urt 2.  |  |   |  |   |  |  |
| <ol><li>List all of your<br/>identify what typ<br/>possible, list the</li></ol>                   | priority unsecured claims<br>be of claim it is. If a claim ha<br>e claims in alphabetical orde<br>han one creditor holds a pa                 | as both priority and ner according to the c  | onpriority amounts, list that reditor's name. If you have a                           | claim here and s                                       | show both priority a  | nd nonpriority amount  | s. As much as  |
| (For an explana   | ation of each type of claim, s  | see the instructions f   | or this form in the instruction   |  | otal claim  | Priority   | Nonpriority  |
| 2.1 Illinois I  | Department of Reve  | nuo last4  | digits of account numbe   | r  | \$2,493.00  | amount \$2,493.00  | amount \$0.00  |
| Priority Cre PO Box   | editor's Name<br>19025  |  | was the debt incurred?  | 2016   | ΨΣ,433.00   | Ψ2,433.00  | φο.ου  |
|   | reet City State Zlp Code  | As of  | the date you file, the clain  | n is: Check all th                                     | at apply  |  |  |
| Who incurred  | I the debt? Check one.  | □ Co   | ntingent  |  |   |  |  |
| Debtor 1 o  | nly   | □ Un   | liquidated  |  |   |  |  |
| Debtor 2 o  | nly   | ☐ Dis  | sputed  |  |   |  |  |
| Debtor 1 a  | nd Debtor 2 only  | Туре   | of PRIORITY unsecured c   | laim:  |   |  |  |
| ☐ At least on   | e of the debtors and anothe   | er 🗖 Do  | mestic support obligations  |  |   |  |  |
| ☐ Check if the  | his claim is for a commur   | nity debt Ta   | xes and certain other debts   | you owe the gov  | ernment   |  |  |
| Is the claim s  | ubject to offset?   | ☐ Cla  | aims for death or personal in   | njury while you w                                      | ere intoxicated   |  |  |
| No  |   | ☐ Otl  | ner. Specify  |  |   |  |  |
| ☐ Yes   |   |  | Income ta   | ixes   |   |  |  |
| 2.2 IRS- Not  | tice<br>editor's Name   | Last 4   | digits of account numbe   | r  | \$63,500.00   | \$40,000.00  | \$23,500.00  |
| PO Box  | 7346  |  | was the debt incurred?  | 2011, 2015   | 5, 2016   |  |  |
|   | Iphia, PA 19101-7340<br>reet City State Zlp Code  |  | the date you file, the clain  | n is: Check all th                                     | at apply  |  |  |
| Who incurred  | I the debt? Check one.  | □co  | ntingent  |  |   |  |  |
| Debtor 1 o  | nly   | □ Un   | liquidated  |  |   |  |  |
| Debtor 2 o  | nly   | ☐ Dis  | •   |  |   |  |  |
| Debtor 1 a  | nd Debtor 2 only  |  | of PRIORITY unsecured c   | laim:  |   |  |  |
| ■ At least on   | e of the debtors and anothe   | er 🗖 Do  | mestic support obligations  |  |   |  |  |
| ☐ Check if the  | his claim is for a communulubject to offset?  | nity debt Ta   | xes and certain other debts   | -  |   |  |  |
| ■ No  | •   |  | ner. Specify  | , , ,  |   |  |  |
| ☐ Yes   |   | <b>–</b> 00  | Income ta   | YAS  |   |  |  |

Debtor 1 Steven D Roth

Document Page 24 of 63
Case number (if know)

| Pa  | rt 2: List All of Your NONPRIORITY Unsecu   | red Claims  |                           |  |  |  |  |  |
|-----|---|---|---------------------------|--|--|--|--|--|
| 3.  | Do any creditors have nonpriority unsecured claim   | Oo any creditors have nonpriority unsecured claims against you?   |                           |  |  |  |  |  |
|     | ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. |   |                           |  |  |  |  |  |
|     | ■ Yes.  |   |                           |  |  |  |  |  |
| 4.  | unsecured claim, list the creditor separately for each cl   | alphabetical order of the creditor who holds each claim. If a creditor has more tha aim. For each claim listed, identify what type of claim it is. Do not list claims already inc creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the | cluded in Part 1. If more |  |  |  |  |  |
|     | _   |   | Total claim               |  |  |  |  |  |
| 4.1 |   | Last 4 digits of account number   | \$340.00                  |  |  |  |  |  |
|     | Nonpriority Creditor's Name 5660 Greenwood Plaza Suite 101  | When was the debt incurred?   | -                         |  |  |  |  |  |
|     | Greenwood Village, CO 80111  Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |                           |  |  |  |  |  |
|     | Who incurred the debt? Check one.   |   |                           |  |  |  |  |  |
|     | Debtor 1 only   | ☐ Contingent  |                           |  |  |  |  |  |
|     | Debtor 2 only   | ☐ Unliquidated  |                           |  |  |  |  |  |
|     | Debtor 1 and Debtor 2 only  | ☐ Disputed  |                           |  |  |  |  |  |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |                           |  |  |  |  |  |
|     | ☐ Check if this claim is for a community  | ☐ Student loans   |                           |  |  |  |  |  |
|     | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                           |  |  |  |  |  |
|     | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts   |                           |  |  |  |  |  |
|     | Yes   | ■ Other. Specify Mid America Milestone m/c  | -                         |  |  |  |  |  |
| 4.2 |   | Last 4 digits of account number   | \$550.00                  |  |  |  |  |  |
|     | Nonpriority Creditor's Name<br>34121 Eagle Way<br>Chicago, IL 60678-1341                                | When was the debt incurred?   | -                         |  |  |  |  |  |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.                                    | As of the date you file, the claim is: Check all that apply   |                           |  |  |  |  |  |
|     | Debtor 1 only   | ☐ Contingent  |                           |  |  |  |  |  |
|     | Debtor 2 only   | ☐ Unliquidated  |                           |  |  |  |  |  |
|     | Debtor 1 and Debtor 2 only  | □ Disputed  |                           |  |  |  |  |  |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |                           |  |  |  |  |  |
|     | ☐ Check if this claim is for a community  | ☐ Student loans   |                           |  |  |  |  |  |
|     | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                           |  |  |  |  |  |
|     | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts   |                           |  |  |  |  |  |
|     | Yes   | ■ Other. Specify Medical  | _                         |  |  |  |  |  |

Entered 10/10/17 10:50:51 Case 17-30285 Doc 1 Filed 10/10/17 Desc Main Document Page 25 of 63 Case number (if know) Debtor 1 Steven D Roth 4.3 \$5,790.00 Capital One Last 4 digits of account number 2480 Nonpriority Creditor's Name Attn: Bankruptcy Opened 03/15 Last Active Po Box 30253 When was the debt incurred? 2/01/17 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Business Charge Account ☐ Yes 4.4 **Capital One** Last 4 digits of account number 5511 \$3,422.00 Nonpriority Creditor's Name Attn: Bankruptcv Opened 03/14 Last Active Po Box 30253 When was the debt incurred? 4/07/17 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.5 **Capital One** Last 4 digits of account number 5252 \$1,220.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 07/08 Last Active Po Box 30253 When was the debt incurred? 4/07/17 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent

Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

Entered 10/10/17 10:50:51 Case 17-30285 Doc 1 Filed 10/10/17

Desc Main Document Page 26 of 63 Debtor 1 Steven D Roth Case number (if know) 4.6 \$1,000.00 Capital One Last 4 digits of account number 0785 Nonpriority Creditor's Name Opened 01/08 Last Active Po Box 30253 When was the debt incurred? 4/07/17 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.7 Cbusasears Last 4 digits of account number 7673 \$2,261.00 Nonpriority Creditor's Name Opened 11/14 Last Active Citicorp Credit Srvs/Centralized Bankrup When was the debt incurred? 4/18/17 Po Box 790040 Saint Louis, MO 63179 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.8 **Certified Services Inc** \$486.00 Last 4 digits of account number 0223 Nonpriority Creditor's Name Po Box 177 When was the debt incurred? **Opened 08/16** Waukegan, IL 60079 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated

Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Anesthesia** ☐ Yes ■ Other Specify Consultants Ltd

Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 27 of 63
Case number (if know)

| 3levell D Rolli  |  | Case Harriber (II know)   |  |
|--|--|---|--|
| Certified Services Inc   | Last 4 digits of account number  | 2232  | \$81.00                                |
| Po Box 177   | When was the debt incurred?  | Opened 08/16  |  |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                       | As of the date you file, the claim   |   |  |
| Debtor 1 only  | ☐ Contingent   |   |  |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |  |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured  | d claim:  |  |
| ☐ Check if this claim is for a community   | ☐ Student loans  |   |  |
|  |  | ration agreement or divorce that you did not  |  |
|  | <u></u>  | g plans, and other similar debts  |  |
| Yes  | ■ Other. Specify Consultant  | Attorney Anesthesia<br>s Ltd  |  |
| Chase Card   | Last 4 digits of account number  | 5557  | \$420.00                               |
| Attn: Correspondence Dept<br>Po Box 15298  | When was the debt incurred?  | Opened 05/08 Last Active 2/19/17  |  |
| Wilmington, DE 19850  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim   | is: Check all that apply  |  |
| Debtor 1 only  | ☐ Contingent   |   |  |
| Debtor 2 only  | ☐ Unliquidated   |   |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |  |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured  | d claim:  |  |
| ☐ Check if this claim is for a community   |  |   |  |
| Is the claim subject to offset?  | report as priority claims  |   |  |
|  | ·  |   |  |
| Yes  | Other. Specify Business C  | Credit Card   |  |
| Citibank Nonpriority Creditor's Name   | Last 4 digits of account number  |   | \$4,364.00                             |
| PO Box 6004  | When was the debt incurred?  |   |  |
| Number Street City State Zlp Code Who incurred the debt? Check one.                        | As of the date you file, the claim   | is: Check all that apply  |  |
| Debtor 1 only  | ☐ Contingent   |   |  |
| Debtor 2 only  | ☐ Unliquidated   |   |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |  |
| $\square$ At least one of the debtors and another  | <u></u> '  | d claim:  |  |
| ☐ Check if this claim is for a community   | Student loans  |   |  |
|  | ☐ Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not   |  |
| ·  |  | g plans, and other similar debts  |  |
| □ Yes  |  |   |  |
|  | Certified Services Inc  Nonpriority Creditor's Name Po Box 177 Waukegan, IL 60079 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Yes  Chase Card Nonpriority Creditor's Name Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Yes  Citibank Nonpriority Creditor's Name PO Box 6004 Sioux Falls, SD 57117 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Check if this claim is for a community debt Is the claim subject to offset? All Reast one of the debtors and another Check if this claim is for a community debt Citibank Nonpriority Creditor's Name PO Box 6004 Sioux Falls, SD 57117 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? No | Certified Services Inc Nonpriority Creditor's Name Po Box 177 Waukegan, IL 60079 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Creditor's Name Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 tileast one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Nonpriority Creditor's Name Attn: Correspondence Dept Po Box 15298 When was the debt incurred?  When was the debt incurred?  When was the debt incurred?  As of the date you file, the claim in | Last 4 digits of account number   2332 |

Entered 10/10/17 10:50:51 Case 17-30285 Doc 1 Filed 10/10/17 Desc Main

Document Page 28 of 63 Debtor 1 Steven D Roth Case number (if know) 4.1 Citibank c/o ACI \$8,316.00 Last 4 digits of account number 2 Nonpriority Creditor's Name **PO Box 717** When was the debt incurred? Getzville, NY 14068-0717 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Business card ☐ Yes 4.1 **Ford Motor Credit** 4361 \$5,614.00 Last 4 digits of account number Nonpriority Creditor's Name **National Bankruptcy Service Center** Opened 04/14 Last Active When was the debt incurred? Po Box 62180 6/22/17 Colorado Springs, CO 80962 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Mileage claim from end of lease ☐ Yes 4.1 Lending Club Corp 1114 \$10,340.00 Last 4 digits of account number Nonpriority Creditor's Name 71 Stevenson St Opened 4/29/16 Last Active Suite 300 When was the debt incurred? 6/29/17 San Francisco, CA 94105 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another

debt

■ No

☐ Yes

☐ Student loans

report as priority claims

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Unsecured business loan

☐ Check if this claim is for a community

Is the claim subject to offset?

Page 29 of 63 Case number (if know) Document Debtor 1 Steven D Roth

| 4.1<br>5 | MinuteClinic Diagnostic of IL   | Last 4 digits of account number   | \$68.00    |
|----------|---|---|------------|
|          | Nonpriority Creditor's Name PO Box 329  | When was the debt incurred?   |            |
|          | Woonsocket, RI 02895-0781  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|          | ■ Debtor 1 only   | ☐ Contingent  |            |
|          | Debtor 2 only   | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | Yes   | Other. Specify Medical  |            |
| 4.1      | Northwestern Medicine   | Last 4 digits of account number   | \$5,297.00 |
|          | Nonpriority Creditor's Name 28155 Network Place Chicago II 60673 1381                           | When was the debt incurred?   |            |
|          | Chicago, IL 60673-1281  Number Street City State Zlp Code  Who incurred the debt? Check one.    | As of the date you file, the claim is: Check all that apply   |            |
|          | Debtor 1 only   | ☐ Contingent  |            |
|          | Debtor 2 only   | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?  | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |            |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | Yes   | Other. Specify Medical  |            |
| 4.1      | Phoenix Financial Services. Llc   | Last 4 digits of account number 0814  | \$242.00   |
|          | Nonpriority Creditor's Name Po Box 361450   | When was the debt incurred? Opened 07/17  |            |
|          | Indianapolis, IN 46236  Number Street City State Zlp Code  Who incurred the debt? Check one.    | As of the date you file, the claim is: Check all that apply   |            |
|          | Debtor 1 only   | Continued.  |            |
|          | Debtor 2 only   | ☐ Contingent ☐ Unliquidated   |            |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | □Yes  | Collection Attorney Vireo Emergency Physicians Llc  |            |

Case 17-30285 Entered 10/10/17 10:50:51 Doc 1 Filed 10/10/17 Desc Main Document Page 30 of 63 Debtor 1 Steven D Roth Case number (if know) 4.1 \$800.00 **PNC Bank** Last 4 digits of account number 8 Nonpriority Creditor's Name 2730 Liberty Ave When was the debt incurred? Pittsburgh, PA 15222 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Loan 4.1 State Farm Bank \$21,392.00 Last 4 digits of account number 9 Nonpriority Creditor's Name When was the debt incurred? **POBox 3298** Milwaukee, WI 53201 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Business Loan ☐ Yes 4.2 State Farm FCU 5500 \$2,122,00 0 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 04/15 Last Active Po Box 853944 When was the debt incurred? 9/14/17 Richardson, TX 75085 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Unsecured ☐ Yes

Case 17-30285 Entered 10/10/17 10:50:51 Doc 1 Filed 10/10/17 Desc Main

Document Page 31 of 63 Debtor 1 Steven D Roth Case number (if know) 4.2 \$910.00 State Farm FCU 3800 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 04/14 Last Active Po Box 853944 When was the debt incurred? 9/20/17 Richardson, TX 75085 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Line Of Credit ☐ Yes 4.2 State Farm Financial S 9751 \$8,252.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Opened 11/01 Last Active 1 State Farm Plaza When was the debt incurred? 9/21/17 Bloomington, IL 61710 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.2 Superior Air Ground Amb Serv \$166.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 1407 When was the debt incurred? Elmhurst, IL 60126 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

Official Form 106 E/F

debt

■ No ☐ Yes

Other. Specify Medical

☐ Student loans

report as priority claims

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

| 4.2      | /ireo Emergency Physicia | one LLC | Last 4 digits of acco | -                                   |             |
|----------|--------------------------|---------|-----------------------|-------------------------------------|-------------|
| Debtor 1 | Steven D Roth            |         | Document              | Page 32 of 63 Case number (if know) |             |
|          | Case 17-30285            | Doc 1   | Filed 10/10/17        | Entered 10/10/17 10:50:52           | L Desc Maii |

| 4.2 | Vireo Emergency Physicians LLC                                      | Last 4 digits of account number   | \$242.00    |
|-----|---|---|-------------|
|     | Nonpriority Creditor's Name PO Box 38031                            | When was the debt incurred?   |             |
|     | Philadelphia, PA 19101-8031   | when was the dept incurred?   |             |
|     | Number Street City State Zlp Code                                   | As of the date you file, the claim is: Check all that apply   |             |
|     | Who incurred the debt? Check one.                                   |   |             |
|     | ■ Debtor 1 only   | ☐ Contingent  |             |
|     | ☐ Debtor 2 only   | ☐ Unliquidated  |             |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
|     | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |             |
|     | ☐ Check if this claim is for a community                            | ☐ Student loans   |             |
|     | debt Is the claim subject to offset?                                | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|     | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|     | Yes   | ■ Other. Specify Medical  |             |
| 4.2 | Vista Imaging Assoc   | Last 4 digits of account number   | \$215.00    |
| 5   | Nonpriority Creditor's Name   |   | <del></del> |
|     | PO box 8453   | When was the debt incurred?   |             |
|     | Carol Stream, IL 60197-8453  Number Street City State Zlp Code      | As of the date you file, the claim is: Check all that apply   |             |
|     | Who incurred the debt? Check one.                                   | ,   |             |
|     | Debtor 1 only   | ☐ Contingent  |             |
|     | Debtor 2 only   | ☐ Unliquidated  |             |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
|     | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |             |
|     | ☐ Check if this claim is for a community                            | ☐ Student loans   |             |
|     | debt Is the claim subject to offset?                                | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|     | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|     | Yes   | Other. Specify Medical  |             |
| 4.2 | Vista Medical Center  | Last 4 digits of account number   | \$600.00    |
| 0   | Nonpriority Creditor's Name   |   |             |
|     | c/o Komyatte & Casbon PC<br>9650 Gordon Drive<br>Highland, IN 46322 | When was the debt incurred?   |             |
|     | Number Street City State Zlp Code                                   | As of the date you file, the claim is: Check all that apply   |             |
|     | Who incurred the debt? Check one.                                   |   |             |
|     | Debtor 1 only   | ☐ Contingent  |             |
|     | ☐ Debtor 2 only   | ☐ Unliquidated  |             |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
|     | At least one of the debtors and another                             | Type of NONPRIORITY unsecured claim:  |             |
|     | ☐ Check if this claim is for a community                            | ☐ Student loans   |             |
|     | debt Is the claim subject to offset?                                | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|     | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|     | ☐ Yes   | ■ Other. Specify Medical, 17 SC 3461  |             |
|     | _ 103   | Other. Specify Modifically 17 55 5451   |             |

Entered 10/10/17 10:50:51 Desc Main Case 17-30285 Doc 1 Filed 10/10/17

Page 33 of 63 Case number (if know) Document Debtor 1 Steven D Roth

| 4.2<br>7  | Wells Fargo   | Last 4 digits of account n  | umber   | \$31,528.00       |
|---|---|---|---|-------------------|
| ,   | Nonpriority Creditor's Name POBox 29482                                       | When was the debt incur   | red?  |                   |
| Phoenix, AZ 85072  Number Street City State Zlp Code  Who incurred the debt? Check one. |   | As of the date you file, the  | e claim is: Check all that apply  |                   |
|   | Debtor 1 only   | ☐ Contingent  |   |                   |
|   | Debtor 2 only   | ☐ Unliquidated  |   |                   |
|   | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |                   |
|   | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |   |                   |
|   | ☐ Check if this claim is for a community debt Is the claim subject to offset? |   |   |                   |
|   |   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |                   |
|   | ■ No  | ☐ Debts to pension or pro   | fit-sharing plans, and other similar debts  |                   |
|   | Yes   | Other. Specify Acco   | unt- Business   |                   |
| Part  | 3: List Others to Be Notified About a D                                       | ebt That You Already Listed   |   |                   |
| is t  | rying to collect from you for a debt you owe to s                             | someone else, list the original creat you listed in Parts 1 or 2, list t                                  | bt that you already listed in Parts 1 or 2. For example, if a<br>editor in Parts 1 or 2, then list the collection agency here.<br>the additional creditors here. If you do not have additiona | Similarly, if you |
|   | and Address   | On which entry in Part 1 or Part 2  | 2 did you list the original creditor?   |                   |
|   | ed Collection Bureau, Inc.  | Line <b>4.10</b> of ( <i>Check one</i> ):   | ☐ Part 1: Creditors with Priority Unsecured Claims  |                   |
| 2020  | Southwyck Blvd, Suite 206   |   | Part 2: Creditors with Nonpriority Unsecured Claims   | ;                 |

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | Total Claim      |
|-----------------------|-----|---|-----|------------------|
|                       | 6a. | Domestic support obligations  | 6a. | \$<br>0.00       |
| Total                 |     |   |     | <br>             |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>65,993.00  |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00       |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00       |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>65,993.00  |
|                       |     |   |     | Total Claim      |
| Total                 | 6f. | Student loans   | 6f. | \$<br>0.00       |
| claims                |     |   |     |                  |
| from Part 2           | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00       |
|                       | 6h. | , , ,   | 6h. | \$<br>0.00       |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>116,038.00 |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>116,038.00 |

Last 4 digits of account number

**Toledo, OH 43614** 

|                     |                          | 17(141111)        | 111111111111111111111111111111111111 |  |
|---------------------|--------------------------|-------------------|--------------------------------------|--|
| Fill in this infor  | rmation to identify your | case:             |                                      |  |
| Debtor 1            | Steven D Roth            |                   |                                      |  |
|                     | First Name               | Middle Name       | Last Name                            |  |
| Debtor 2            |                          |                   |                                      |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name                            |  |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS                          |  |
| Case number         |                          |                   |                                      |  |
| (if known)          |                          |                   |                                      |  |
|                     |                          |                   |                                      |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for  |
|--|--|
| 2.1 Fred & Patricia Gust<br>1802 Magnolia Ave<br>Gurnee, IL 60031  | Lease for Insurance agency- personal, month to month, \$1500.00; paid through agency |

|   |   | Document  | Page 35 of 63  |  |
|---|---|---|--|--|
| Fill in thi                             | s information to identify your  | case:   |  |  |
| Debtor 1                                | Steven D Roth   |   |  |  |
|   | First Name  | Middle Name   | Last Name  | -  |
| Debtor 2<br>(Spouse if, fi              | ling) First Name  | Middle Name   | Last Name  | _  |
|   | 3,  |   |  |  |
| United St                               | ates Bankruptcy Court for the:  | NORTHERN DISTRICT OF IL   | LLINOIS  | -  |
| Case nun                                | nber  |   |  |  |
| (if known)                              |   |   |  | ☐ Check if this is an  |
|   |   |   |  | amended filing   |
| Officia                                 | al Form 106H  |   |  |  |
|   |   | abtera  |  |  |
| sched                                   | dule H: Your Cod  | eptors  |  | 12/15  |
| people are<br>ill it out, a<br>our name | e filing together, both are equa<br>and number the entries in the<br>e and case number (if known) | ally responsible for supplying boxes on the left. Attach the a . Answer every question. | correct information. If more space   | ccurate as possible. If two married e is needed, copy the Additional Page, ne top of any Additional Pages, write               |
| □ No                                    | )   |   |  |  |
| ■ Ye                                    | es  |   |  |  |
| Arizo                                   |   | Nevada, New Mexico, Puerto F  | y state or territory? (Community price, Texas, Washington, and Wiscon you at the time? |  |
| in lin<br>Form                          | e 2 again as a codebtor only i  | f that person is a guarantor or   | cosigner. Make sure you have lis   | filing with you. List the person shown<br>ted the creditor on Schedule D (Official<br>le D, Schedule E/F, or Schedule G to fil |
|   | Column 1: Your codebtor<br>Name, Number, Street, City, State and ZI                               | P Code  |  | ne creditor to whom you owe the debt edules that apply:  |
| 3.1                                     | Dorie Roth  |   | ☐ Schedule   | D, line  |
|   | 2421 Mallard Lane<br>Lake Villa, IL 60046   |   |  | E/F, line <b>4.26</b>  |
|   | Lake Villa, IL 00040  |   | ☐ Schedule   |  |
|   |   |   | Vista Medio  | al Center  |
| 3.2                                     | Dorie Roth  |   | ☐ Schedule   | D, line  |
|   | 2421 Mallard Lane<br>Lake Villa, IL 60046   |   | ■ Schedule   | E/F, line <b>4.22</b>  |
|   | Lake Villa, IL 00040  |   | ☐ Schedule   |  |
|   |   |   | State Farm   | Financial S  |
| 3.3                                     | Dorie Roth  |   |  | D, line  |
|   | 2421 Mallard Lane<br>Lake Villa, IL 60046   |   |  | E/F, line  |
|   | Lane Villa, IL 00040  |   | ☐ Schedule   |  |
|   |   |   | IRS- Notice  |  |

# Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 36 of 63

| Debtor 1                        | Steven D Roth   |   |
|---------------------------------|---|---|
| Debtor 2<br>(Spouse, if filing) |   |   |
| United States Bar               | nkruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS |   |
| Case number                     |   | Check if this is: ☐ An amended filing   |
|                                 |   | A supplement showing postpetition chapter 13 income as of the following date: |
| Official Fo                     | orm 106I  | MM / DD/ YYYY   |
| <b>Schedule</b>                 | : I: Your Income                                      | 12/15   |

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Describe Employment                                    |                           |   |   |
|-----|---|---------------------------|---|---|
| 1.  | Fill in your employment information.                        |                           | Debtor 1                                  | Debtor 2 or non-filing spouse               |
|     | If you have more than one job,                              | Formular was and adaptive | ■ Employed                                | ■ Employed                                  |
|     | attach a separate page with information about additional    | Employment status         | ☐ Not employed                            | ☐ Not employed                              |
|     | employers.  | Occupation                | Insurance Agent/Owner                     | Clerk                                       |
|     | Include part-time, seasonal, or self-employed work.         | Employer's name           | Steven Roth Insurance Agency              | Woodlawn Landscape Co Inc                   |
|     | Occupation may include student or homemaker, if it applies. | Employer's address        | 1163 N Green Bay Rd<br>Waukegan, IL 60085 | 26640 N Circle Drive<br>Mundelein, IL 60060 |
|     |   | How long employed the     | here?                                     |   |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or

For Debtor 1

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 5,000.00 \$ 3,126.50

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 5,000.00 \$ 3,126.50

Official Form 106I Schedule I: Your Income page 1

## Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 37 of 63

| Deb | tor 1        | Steven D Roth  | _         | (         | Case      | number ( <i>if ki</i> | nown)        | _     |              |             |           |
|-----|--------------|--|-----------|-----------|-----------|-----------------------|--------------|-------|--------------|-------------|-----------|
|     |              |  |           |           |           |                       |              |       |              |             |           |
|     |              |  |           |           | For       | Debtor 1              |              |       | For Debtor   |             |           |
|     | Con          | y line 4 here  | 4.        |           | \$        | 5,000                 | 00           |       | non-filing s | ,126.50     |           |
|     | OOP          | y line 4 nere  | •         |           | Ψ_        | 3,000                 |              | •     |              | ,120.00     | <u></u>   |
| 5.  | List         | all payroll deductions:  |           |           |           |                       |              |       |              |             |           |
|     | 5a.          | Tax, Medicare, and Social Security deductions  | 5a        | ì.        | \$        | 836                   | 6.00         | ,     | \$           | 931.67      | ,         |
|     | 5b.          | Mandatory contributions for retirement plans   | 5b        |           | \$        |                       | 0.00         |       | \$           | 0.00        |           |
|     | 5c.          | Voluntary contributions for retirement plans   | 5c        |           | \$_       |                       | 0.00         |       | \$           | 0.00        | _         |
|     | 5d.          | Required repayments of retirement fund loans   | 5d        |           | \$        |                       | 0.00         |       | \$           | 0.00        |           |
|     | 5e.<br>5f.   | Insurance Domestic support obligations   | 5e<br>5f. |           | \$_<br>\$ |                       | ).00<br>).00 |       | \$<br>\$     | 0.00        | _         |
|     | 5g.          | Union dues   | 5g        |           | \$<br>-   |                       | 0.00         |       | \$           | 0.00        | _         |
|     | 5h.          | Other deductions. Specify:   | _         | ,.<br>1.+ | \$_       |                       | 0.00         |       | ·            | 0.00        |           |
| 6.  | Add          | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | —<br>6.   |           | \$        |                       | 5.00         |       | \$           | 931.67      |           |
| 7.  |              | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.        |           | * —<br>\$ | 4,164                 |              |       |              | ,194.83     | _         |
|     |              |  | •         |           | Ψ-        | 7,10-                 |              | •     | ·            | ,134.00     | <u>,</u>  |
| 8.  | 8a.          | all other income regularly received:  Net income from rental property and from operating a business,   |           |           |           |                       |              |       |              |             |           |
|     |              | profession, or farm  |           |           |           |                       |              |       |              |             |           |
|     |              | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |           |           |           |                       |              |       |              |             |           |
|     |              | monthly net income.  | 8a        | ì.        | \$        | 3,600                 | 0.00         | ;     | \$           | 0.00        | )         |
|     | 8b.          | Interest and dividends   | 8b        | ).        | \$        |                       | 0.00         |       | \$           | 0.00        | _         |
|     | 8c.          | Family support payments that you, a non-filing spouse, or a dependent regularly receive  |           |           |           |                       |              |       |              |             | _         |
|     |              | Include alimony, spousal support, child support, maintenance, divorce  | 0 -       |           | Φ.        |                       |              |       | •            |             |           |
|     | 8d.          | settlement, and property settlement.  Unemployment compensation  | 8c<br>8d  |           | \$<br>\$  |                       | 0.00         |       | \$<br>\$     | 0.00        | _         |
|     | 8e.          | Social Security  | 8e        |           | \$<br>-   |                       | 0.00         |       | \$           | 0.00        | _         |
|     | 8f.          | Other government assistance that you regularly receive   | 00        |           | Ψ_        |                       |              | Ì     | ·            | 0.00        | _         |
|     |              | Include cash assistance and the value (if known) of any non-cash assistance  | )         |           |           |                       |              |       |              |             |           |
|     |              | that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.   |           |           |           |                       |              |       |              |             |           |
|     |              | Specify:   | 8f.       |           | \$        | (                     | 0.00         | ;     | \$           | 0.00        | )         |
|     | 8g.          | Pension or retirement income   | 8g        |           | <u> </u>  |                       | 0.00         |       | \$           | 0.00        |           |
|     | 8h.          | Other monthly income. Specify:   | 8h        | 1.+       | \$        |                       | 0.00         | + 5   | \$           | 0.00        | _         |
| _   |              |  | _         | Г         |           |                       |              | Г     |              |             |           |
| 9.  | Add          | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.        | 1         |           | 3,600                 | 0.00         | Ľ     | \$           | 0.0         | 00        |
| 10  | Cala         | culate monthly income. Add line 7 + line 9.  | 40        | \$        |           | 7,764.00              | + \$         |       | 2 404 02     | = \$        | 0.050.00  |
| 10. |              | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.       | Φ_        |           | 7,764.00              | + \$         |       | 2,194.83     | = \$ _      | 9,958.83  |
| 4.4 |              |  |           |           |           |                       |              |       |              | , L         |           |
| 11. | Inclu        | e all other regular contributions to the expenses that you list in Schedule<br>ide contributions from an unmarried partner, members of your household, your<br>r friends or relatives. |           | ende      | ents,     | your room             | mate         | s, a  | nd           |             |           |
|     | Do n<br>Spec | not include any amounts already included in lines 2-10 or amounts that are not cify:   | availa    | able      | to p      | ay expens             | es lis       | ted   |              | e J.<br>+\$ | 0.00      |
| 12. |              | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certai                                  |           |           |           |                       |              |       |              |             |           |
|     | appl         |  | III LIA   | IDIIII    | ies a     | inu Kelalel           | ı Dale       | a, II | 12.          | \$          | 9,958.83  |
|     |              |  |           |           |           |                       |              |       |              | Combi       | ined      |
|     |              |  |           |           |           |                       |              |       |              |             | ly income |
| 13. | Do y         | you expect an increase or decrease within the year after you file this form  | ?         |           |           |                       |              |       |              |             |           |
|     |              | No.<br>Yes Explain:  |           |           |           |                       |              |       |              |             |           |
|     |              | LES CAUMIN I   |           |           |           |                       |              |       |              |             |           |

## Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 38 of 63

| <b></b> |  |  |             |  |                               |
|---------|--|--|-------------|--|-------------------------------|
| FIII I  | in this information to identify your case:   |  |             |  |                               |
| Debt    | Steven D Roth  |  | Che         | ck if this is:                         |                               |
|         |  |  |             | An amended filing                      |                               |
|         | ouse, if filing)   |  |             | A supplement show<br>13 expenses as of | ving postpetition chapter     |
| (Spc    | ouse, it tilling)  |  |             | 13 expenses as or                      | the following date.           |
| Unite   | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLII  | NOIS                                     |             | MM / DD / YYYY                         |                               |
| Case    | e number   |  |             |  |                               |
| (If kr  | nown)  |  |             |  |                               |
| Of      | fficial Form 106J  |  |             |  |                               |
| Sc      | chedule J: Your Expenses   |  |             |  | 12/15                         |
| Be a    | as complete and accurate as possible. If two married people a prmation. If more space is needed, attach another sheet to this mber (if known). Answer every question.                      |  |             |  |                               |
| Part    |  |  |             |  |                               |
| 1.      | Is this a joint case?  |  |             |  |                               |
|         | No. Go to line 2.  |  |             |  |                               |
|         | ☐ Yes. Does Debtor 2 live in a separate household?   |  |             |  |                               |
|         | □ No   |  |             |  |                               |
|         | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expense  | es for Separate House                    | hold of Deb | otor 2.                                |                               |
| 2.      | Do you have dependents? ☐ No   |  |             |  |                               |
|         | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent  | Dependent's relati<br>Debtor 1 or Debtor |             | Dependent's age                        | Does dependent live with you? |
|         | Do not state the   |  |             |  | □ No                          |
|         | dependents names.  | Daughter                                 |             | 12                                     | ■ Yes                         |
|         | ·  |  |             |  | □ No                          |
|         |  | son                                      |             | 13                                     | ■ Yes                         |
|         |  |  |             |  | □ No                          |
|         |  |  |             |  | ☐ Yes                         |
|         |  |  |             |  | □ No                          |
|         |  |  |             |  | ☐ Yes                         |
| 3.      | Do your expenses include expenses of people other than yourself and your dependents?   |  |             |  |                               |
| exp     | t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless benses as of a date after the bankruptcy is filed. If this is a supplicable date. |  |             |  |                               |
| the     | lude expenses paid for with non-cash government assistance value of such assistance and have included it on <i>Schedule I:</i> ficial Form 106I.)  |  |             | Your expe                              | enses                         |
|         |  |  |             |  |                               |
| 4.      | The rental or home ownership expenses for your residence. payments and any rent for the ground or lot.   | Include first mortgage                   | 4. \$       | \$                                     | 2,500.00                      |
|         | If not included in line 4:   |  |             |  |                               |
|         | 4a. Real estate taxes  |  | 4a. \$      | \$                                     | 0.00                          |
|         | 4b. Property, homeowner's, or renter's insurance   |  | 4b. \$      |  | 0.00                          |
|         | 4c. Home maintenance, repair, and upkeep expenses  |  | 4c. \$      | <b></b>                                | 0.00                          |
|         | 4d. Homeowner's association or condominium dues  |  | 4d. §       | ·                                      | 0.00                          |
| 5       | Additional mortgage payments for your residence, such as h   | nome equity loans                        | 5 9         |  | 225 00                        |

## Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 39 of 63

| Debtor 1          | Steven D Roth   | Case num    | ber (if known) |                            |
|-------------------|---|-------------|----------------|----------------------------|
| 6. Utiliti        | as.   |             |                |                            |
| 6a.               | Electricity, heat, natural gas  | 6a.         | \$             | 400.00                     |
| 6b.               | Water, sewer, garbage collection  | 6b.         |                | 160.00                     |
| 6c.               | Telephone, cell phone, Internet, satellite, and cable services  | 6c.         | ·              | 225.00                     |
| 6d.               | Other. Specify:   | 6d.         | *              | 0.00                       |
|                   | and housekeeping supplies   | 7.          | ·              | 1,000.00                   |
|                   | care and children's education costs   | 8.          | ·              | 400.00                     |
|                   | ing, laundry, and dry cleaning  | 9.          | \$             | 200.00                     |
|                   | onal care products and services   | 10.         | ·              | 100.00                     |
|                   | cal and dental expenses   | 11.         | ·              | 300.00                     |
|                   | sportation. Include gas, maintenance, bus or train fare.  |             | Ψ              | 300.00                     |
|                   | ot include car payments.  | 12.         | \$             | 570.00                     |
|                   | tainment, clubs, recreation, newspapers, magazines, and books   | 13.         | \$             | 182.00                     |
|                   | table contributions and religious donations   | 14.         | \$             | 100.00                     |
| 15. <b>Insu</b> r | _   |             |                |                            |
| Do no             | ot include insurance deducted from your pay or included in lines 4 or 20.   |             |                |                            |
| 15a.              | Life insurance  | 15a.        | \$             | 330.00                     |
| 15b.              | Health insurance  | 15b.        | \$             | 1,340.00                   |
|                   | Vehicle insurance   | 15c.        | \$             | 325.00                     |
| 15d.              | Other insurance. Specify: Disability Insurance  | 15d.        | \$             | 50.00                      |
|                   | Long Term Care Insurance  |             | \$             | 103.00                     |
|                   | Health Savings account  |             | \$             | 300.00                     |
| 6. Taxes          | 5. Do not include taxes deducted from your pay or included in lines 4 or 20.  |             | -              | <u> </u>                   |
| Speci             | fy:   | 16.         | \$             | 0.00                       |
|                   | Ilment or lease payments:<br>Car payments for Vehicle 1   | 17a.        | \$             | 388.00                     |
|                   | Car payments for Vehicle 2  | 17b.        | · ·            | 760.00                     |
|                   | Other. Specify:   | 17b.        | · -            | 0.00                       |
|                   | Other. Specify:   | 17d.        | ·              |                            |
|                   | payments of alimony, maintenance, and support that you did not report as  |             | Ψ              | 0.00                       |
|                   | cted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).  |             | \$             | 0.00                       |
|                   | r payments you make to support others who do not live with you.   |             | \$             | 0.00                       |
| Speci             |   | 19.         | · -            |                            |
| 20. <b>Othe</b> i | real property expenses not included in lines 4 or 5 of this form or on Sch  | edule I: Yo | our Income.    |                            |
| 20a.              | Mortgages on other property   | 20a.        | \$             | 0.00                       |
| 20b.              | Real estate taxes   | 20b.        | \$             | 0.00                       |
| 20c.              | Property, homeowner's, or renter's insurance  | 20c.        | \$             | 0.00                       |
| 20d.              | Maintenance, repair, and upkeep expenses  | 20d.        | \$             | 0.00                       |
|                   | Homeowner's association or condominium dues   | 20e.        | \$             | 0.00                       |
| 1. Other          | r: Specify:   | 21.         | +\$            | 0.00                       |
| )) Calcı          | late your monthly expenses  |             |                |                            |
|                   | Add lines 4 through 21.   |             | \$             | 9,958.00                   |
|                   | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |             | \$             | 3,330.00                   |
|                   |   |             | l '            | 0.070.00                   |
| 22c. A            | Add line 22a and 22b. The result is your monthly expenses.  |             | \$             | 9,958.00                   |
|                   | ılate your monthly net income.  |             |                |                            |
| 23a.              | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.        | \$             | 9,958.83                   |
| 23b.              | Copy your monthly expenses from line 22c above.   | 23b.        | -\$            | 9,958.00                   |
|                   |   |             |                |                            |
| 23c.              | Subtract your monthly expenses from your monthly income.  | 23c.        | \$             | 0.83                       |
|                   | The result is your <i>monthly net income</i> .  | 200.        |                |                            |
| For ex            | bu expect an increase or decrease in your expenses within the year after you ample, do you expect to finish paying for your car loan within the year or do you expect you cation to the terms of your mortgage? |             |                | e or decrease because of a |
| ■ No              | ).  |             |                |                            |
| □ Ye              |   |             |                |                            |

### Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 40 of 63

| Fill in this infor  | mation to identify your   | case:                     |                          |                          |                                     |
|---------------------|---------------------------|---------------------------|--------------------------|--------------------------|-------------------------------------|
| Debtor 1            | Steven D Roth             |                           |                          |                          |                                     |
|                     | First Name                | Middle Name               | Last Name                |                          |                                     |
| Debtor 2            |                           |                           |                          |                          |                                     |
| (Spouse if, filing) | First Name                | Middle Name               | Last Name                |                          |                                     |
| United States Ba    | ankruptcy Court for the:  | NORTHERN DISTRICT         | OF ILLINOIS              |                          |                                     |
| Case number         |                           |                           |                          |                          |                                     |
| (if known)          |                           |                           |                          |                          | ☐ Check if this is an               |
|                     |                           |                           |                          |                          | amended filing                      |
|                     |                           |                           |                          |                          |                                     |
| O(() : -1 E         | 400D                      |                           |                          |                          |                                     |
| Official For        |                           |                           |                          |                          |                                     |
| Declarat            | tion About a              | ın Individual             | Debtor's S               | chedules                 | 12/15                               |
|                     |                           |                           |                          |                          |                                     |
| If two married p    | eople are filing together | r, both are equally respo | nsible for supplying co  | orrect information.      |                                     |
| You must file th    | is form whenever you fi   | le bankruptcy schedules   | or amended schedule      | es. Making a false state | ement, concealing property, or      |
| obtaining mone      | y or property by fraud in | n connection with a bank  |                          |                          | 0, or imprisonment for up to 20     |
| years, or both. 1   | 18 U.S.C. §§ 152, 1341, 1 | 519, and 3571.            |                          |                          |                                     |
|                     |                           |                           |                          |                          |                                     |
| Sig                 | n Below                   |                           |                          |                          |                                     |
|                     |                           |                           |                          |                          |                                     |
| Did you pa          | ay or agree to pay some   | one who is NOT an attor   | ney to help you fill out | bankruptcy forms?        |                                     |
| — Na                |                           |                           |                          |                          |                                     |
| ■ No                |                           |                           |                          |                          |                                     |
| ☐ Yes.              | Name of person            |                           |                          |                          | kruptcy Petition Preparer's Notice, |
|                     |                           |                           |                          | Declaration,             | , and Signature (Official Form 119) |
|                     |                           |                           |                          |                          |                                     |
|                     |                           | that I have read the sum  | mary and schedules fi    | led with this declaratio | on and                              |
| that they ar        | re true and correct.      |                           |                          |                          |                                     |
| X /s/ Ste           | ven D Roth                |                           | X                        |                          |                                     |
|                     | n D Roth                  |                           | Signature of             | of Debtor 2              |                                     |
| Signatu             | re of Debtor 1            |                           |                          |                          |                                     |

Date

Date October 9, 2017

### Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 41 of 63

| Fill in this inform             | ation to identify your   | case:                   |               |   |              |               |                                      |
|---------------------------------|--------------------------|-------------------------|---------------|---|--------------|---------------|--------------------------------------|
| Debtor 1                        | Steven D Roth            |                         |               |   |              |               |                                      |
|                                 | First Name               | Middle Name             | Las           | st Name                                 |              |               |                                      |
| Debtor 2<br>(Spouse if, filing) | First Name               | Middle Name             | Lac           | st Name                                 |              |               |                                      |
| (Spouse II, IIIIIIg)            | riist Name               |                         |               |   |              |               |                                      |
| United States Ban               | kruptcy Court for the:   | NORTHERN DISTRIC        | T OF ILLINO   | IS                                      |              |               |                                      |
| Case number                     |                          |                         |               |   |              |               |                                      |
| (if known)                      |                          |                         |               |   |              |               | Check if this is an<br>mended filing |
|                                 |                          |                         |               |   |              |               |                                      |
| Official Form                   | 106Dec                   |                         |               |   |              |               |                                      |
| Declarati                       | ion About a              | n Individua             | i Debt        | or's Schedi                             | ıles         |               | 12/15                                |
|                                 |                          |                         |               |   |              |               |                                      |
| If two married peo              | ople are filing together | , both are equally resp | onsible for s | supplying correct infor                 | mation.      |               |                                      |
| Var. must file this             | form who nower you fi    | le bankruptcy schedule  | oc or amand   | ad cabadulas Making                     | a falca stat | omont cond    | easling proporty or                  |
| obtaining money                 | or property by fraud it  | n connection with a bar | nkruptcy cas  | e can result in fines u                 | p to \$250,0 | 00, or impris | conment for up to 20                 |
|                                 | U.S.C. §§ 152, 1341, 1   |                         | 100           |   |              |               |                                      |
|                                 |                          |                         |               |   |              |               |                                      |
| Sign                            | Below                    |                         |               |   |              |               |                                      |
| Did you pay                     | or agree to pay some     | one who is NOT an atto  | ornev to help | you fill out bankrupto                  | v forms?     |               |                                      |
|                                 |                          |                         |               | •                                       |              |               |                                      |
| No No                           |                          |                         |               |   |              |               |                                      |
| ☐ Yes. Na                       | ame of person            |                         |               |   | Attach Bar   | kruptcy Petit | ion Preparer's Notice,               |
|                                 |                          |                         |               | *************************************** | Declaration  | n, and Signat | ure (Official Form 119)              |
|                                 |                          |                         |               |   |              |               |                                      |
| Under penalt                    | ty of perjury, I declare | that I have read the su | mmary and s   | schedules filed with th                 | is declarati | on and        |                                      |
| that they are                   | true and correct.        |                         |               |   |              |               |                                      |
| $\propto$                       | + /Ch                    |                         | х             |   |              |               |                                      |
| Steven                          |                          |                         |               | Signature of Debtor 2                   |              |               |                                      |
| Signature                       | e of Debtor 1            |                         |               |   |              |               |                                      |
| Date                            | 10-9-17                  |                         |               | Date                                    |              |               |                                      |
|                                 |                          |                         |               | -                                       |              |               |                                      |

## Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 42 of 63

| Fill    | in this inform  | nation to identify you   | r case:                                    |   |   |   |  |  |  |
|---------|---|--|--|---|---|---|--|--|--|
|         | tor 1   | Steven D Roth  |  |   |   |   |  |  |  |
|         |   | First Name   | Middle Name                                | Last Name   |   |   |  |  |  |
|         | tor 2<br>use if, filing)  | First Name   | Middle Name                                | Last Name   |   |   |  |  |  |
| Unit    | ed States Bar   | nkruptcy Court for the:  | NORTHERN DISTRICT (                        | OF ILLINOIS   |   |   |  |  |  |
| Coo     | e number  |  |  |   |   |   |  |  |  |
| (if kno |   |  |  |   | -   | Check if this is an<br>mended filing                  |  |  |  |
| Sta     |   | of Financial   |  | duals Filing for B  | ankruptcy equally responsible for sup                           | 4/10  |  |  |  |
|         |   | ore space is needed,<br>n). Answer every ques                            |  | this form. On the top of any  | / additional pages, write yo।                                   | ır name and case                                      |  |  |  |
| Part    | Give D  | etails About Your Ma   | rital Status and Where You                 | ı Lived Before  |   |   |  |  |  |
| 1.      | What is your  | current marital statu  | s?   |   |   |   |  |  |  |
|         | ■ Married □ Not mar   | ried   |  |   |   |   |  |  |  |
| 2.      | During the la   | the last 3 years, have you lived anywhere other than where you live now? |  |   |   |   |  |  |  |
|         | <ul> <li>No</li> <li>Yes. List all of the places you lived in the last 3 years. Do not include where you live now.</li> </ul> |  |  |   |   |   |  |  |  |
|         | Debtor 1 Pr   | ior Address:   | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad   | dress:  | Dates Debtor 2<br>lived there                         |  |  |  |
|         |   |  |  |   | ity property state or territory<br>ico, Texas, Washington and W |   |  |  |  |
|         | ■ No<br>□ Yes. Ma   | ke sure you fill out <i>Sch</i>  | nedule H: Your Codebtors (O                | fficial Form 106H).   |   |   |  |  |  |
| Part    | 2 Explai  | n the Sources of You   | r Income                                   |   |   |   |  |  |  |
|         | Fill in the tota  | I amount of income yo  | u received from all jobs and a             | ng a business during this yeall businesses, including partetogether, list it only once ur |   | ndar years?   |  |  |  |
|         | □ No  |  |  |   |   |   |  |  |  |
|         | Yes. Fill   | in the details.  |  |   |   |   |  |  |  |
|         |   |  | Debtor 1                                   |   | Debtor 2  |   |  |  |  |
|         |   |  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)                                     | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |  |  |  |
|         | last calenda<br>nuary 1 to De   | r year:<br>cember 31, 2016)  | ☐ Wages, commissions, bonuses, tips        | \$111,549.00  | ☐ Wages, commissions, bonuses, tips                             |   |  |  |  |
|         |   |  | Operating a business                       |   | ☐ Operating a business  |   |  |  |  |

Official Form 107

Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document

Page 43 of 63
Case number (if known) Debtor 1 Steven D Roth

|    |                                     |  |   | Debter 4   |  |   | Dobto- 2  |   |   |
|----|-------------------------------------|--|---|--|--|---|---|---|---|
|    |                                     |  |   | Debtor 1   |  |   | Debtor 2  |   | 0   |
|    |                                     |  |   | Sources of income<br>Check all that apply.   | (befo  | s income<br>re deductions and<br>sions)   | Sources of inco   |   | Gross income<br>(before deductions<br>and exclusions) |
|    |                                     | dar year be<br>December                      |   | ☐ Wages, commissions, bonuses, tips  |  | \$106,499.00  | ☐ Wages, combonuses, tips   | missions,                                 |   |
|    |                                     |  |   | Operating a business   |  |   | Operating a l   | ousiness                                  |   |
| 5. | Include include and other winnings. | come regard<br>public bene<br>If you are fil | lless of wheth<br>fit payments;<br>ing a joint cas  | e during this year or the two<br>ner that income is taxable. Exa<br>pensions; rental income; inter<br>se and you have income that you  | amples of<br>est; dividence<br>ou recei                                      | of other income are a<br>dends; money collec-<br>eived together, list it o  | alimony; child supported from lawsuits; lonly once under De                       | royalties; and<br>btor 1.                 |   |
|    | ■ No □ Yes.                         | Fill in the de                               | etails.   |  |  |   |   |   |   |
|    |                                     |  |   |  |  |   |   |   |   |
|    |                                     |  |   | Debtor 1 Sources of income Describe below.   | each<br>(befo  | s income from<br>source<br>re deductions and<br>sions)  | Debtor 2<br>Sources of inco<br>Describe below.                                    |   | Gross income<br>(before deductions<br>and exclusions) |
|    |                                     |  |   |  |  | ,   |   |   |   |
|    | ■ Yes.                              | During the  No. Yes  * Subject               | 90 days before Go to line 7 List below 6 paid that crutor include to adjustment or Debtor 2 of 90 days before Go to line 7 List below 6 include pay | each creditor to whom you pai<br>editor. Do not include paymen<br>payments to an attorney for th<br>t on 4/01/19 and every 3 years<br>or both have primarily consu<br>one you filed for bankruptcy, di | d you pa d a total tts for do his bank s after th mer del d you pa d a total | of \$6,425* or more imestic support obliquates or cases filed on the control of \$600 or more and total or \$600 or more and \$600 or more an | in one or more pay gations, such as ch or after the date of all of \$600 or more? | ments and th ild support ar f adjustment. | nd alimony. Also, do                                  |
|    | Creditor'                           | s Name and                                   | d Address   | Dates of payme   | nt   | Total amount paid   | Amount you still owe  | Was this p                                | ayment for  |
| 7. | Insiders in<br>of which y           | clude your r<br>ou are an of                 | elatives; any<br>ficer, director  | bankruptcy, did you make a<br>general partners; relatives of<br>, person in control, or owner or<br>roprietor. 11 U.S.C. § 101. Inc  | any gen<br>of 20% o  | eral partners; partner<br>r more of their voting  | erships of which you<br>g securities; and an                                      | u are a gener<br>y managing a             | al partner; corporations<br>agent, including one for  |
|    | ■ No □ Yes.                         | List all payn                                | nents to an in  | sider.   |  |   |   |   |   |
|    |                                     | Name and                                     |   | Dates of payme   | nt   | Total amount  | Amount you  | Reason for                                | this payment  |

Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 44 of 63 Case number (if known)

| 8.  | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. |                         |  |                          |                              |  |  |  |  |
|-----|---|-------------------------|--|--------------------------|------------------------------|--|--|--|--|
|     | <ul><li>■ No</li><li>□ Yes. List all payments to an insider</li></ul>   |                         |  |                          |                              |  |  |  |  |
|     | Insider's Name and Address  | Dates of payment        |  |                          | this payment<br>ditor's name |  |  |  |  |
| Pa  | rt 4: Identify Legal Actions, Repossession  | ns, and Foreclosures    |  |                          |                              |  |  |  |  |
| 9.  | Within 1 year before you filed for bankrupte<br>List all such matters, including personal injury<br>modifications, and contract disputes.   |                         |  |                          |                              |  |  |  |  |
|     | □ No  |                         |  |                          |                              |  |  |  |  |
|     | Yes. Fill in the details.   |                         |  |                          |                              |  |  |  |  |
|     | Case title Case number  | Nature of the case      | Court or agency                        | Status of the            | ne case                      |  |  |  |  |
|     | Waukegan II Hospital/Vista Medical<br>Center v. Debtor & Dorie Roth<br>17 SC 3461   | Payment plan pending    | Circuit Court for 19th<br>Judicial Cir | ☐ Pendino                | eal                          |  |  |  |  |
| 11. |   |                         |  | Date                     | Value of the property        |  |  |  |  |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No      |                         |  |                          |                              |  |  |  |  |
|     | ☐ Yes. Fill in the details.  Creditor Name and Address  | Describe the action the | e creditor took                        | Date action was taken    | Amount                       |  |  |  |  |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?              |                         |  |                          |                              |  |  |  |  |
|     | ■ No □ Yes  |                         |  |                          |                              |  |  |  |  |
| Pa  | rt 5: List Certain Gifts and Contributions  |                         |  |                          |                              |  |  |  |  |
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  ■ No □ Yes. Fill in the details for each gift.  |                         |  |                          |                              |  |  |  |  |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts      |  | Dates you gave the gifts | Value                        |  |  |  |  |
|     | Person to Whom You Gave the Gift and Address:   |                         |  |                          |                              |  |  |  |  |

Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 45 of 63 Case number (if known)

| 14. | Within 2 years before you filed for bankro  ■ No  ■ Yes. Fill in the details for each gift or co  |           | , , , ,  | s with a total | value of more than                       | n \$600 to any charity?   |  |  |
|-----|---|-----------|--|----------------|--|---------------------------|--|--|
|     | ☐ Yes. Fill in the details for each gift or co<br>Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code | otal      | Describe what you contributed  |                | Dates you contributed                    | Value                     |  |  |
| Par | t 6: List Certain Losses  |           |  |                |  |                           |  |  |
| 15. | Within 1 year before you filed for bankru or gambling?  | ptcy or   | since you filed for bankruptcy, did y  | ou lose anytl  | ning because of the                      | eft, fire, other disaster |  |  |
|     | ■ No  |           |  |                |  |                           |  |  |
|     | ☐ Yes. Fill in the details.   |           |  |                |  |                           |  |  |
|     | Describe the property you lost and how the loss occurred  | Include   | the amount that insurance has paid. L<br>ce claims on line 33 of Schedule A/B: | ist pending    | Date of your loss                        | Value of property<br>lost |  |  |
| Par | t 7: List Certain Payments or Transfers   | <b>;</b>  |  |                |  |                           |  |  |
| 16. | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or plinclude any attorneys, bankruptcy petition p   | reparin   | g a bankruptcy petition?   |                |  | erty to anyone you        |  |  |
|     | Yes. Fill in the details.   |           |  |                | _  |                           |  |  |
|     | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You  |           | Description and value of any property transferred                              |                | Date payment<br>or transfer was<br>made  | Amount of<br>payment      |  |  |
|     | Law Offices of Daniel J Winter<br>53 W Jackson Boulevard<br>Suite 718<br>Chicago, IL 60604<br>djw@DWinterLaw.com  |           | Attorney Fees  |                |  | \$3,000.00                |  |  |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that   | litors or | to make payments to your creditors   |                | r transfer any prop                      | erty to anyone who        |  |  |
|     | Yes. Fill in the details.   |           |  |                |  |                           |  |  |
|     | Person Who Was Paid<br>Address  |           | Description and value of any proper transferred                                | erty           | Date payment<br>or transfer was<br>made  | Amount of payment         |  |  |
| 18. |   |           |  |                |  |                           |  |  |
|     | No No   |           |  |                |  |                           |  |  |
|     | Yes. Fill in the details.   |           |  |                |  |                           |  |  |
|     | Person Who Received Transfer<br>Address   |           | Description and value of property transferred                                  |                | any property or received or debts change | Date transfer was made    |  |  |
|     | Person's relationship to you  |           |  |                |  |                           |  |  |

Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Case 17-30285 Page 46 of 63
Case number (if known) Document

Debtor 1 Steven D Roth

| 19. | Within 10 years before you filed for bankrupto<br>beneficiary? (These are often called asset-prote  |   | ny property to a | ı self-settle | ed trust or similar device                | of which y     | ou are a               |  |  |
|-----|---|---|------------------|---------------|---|----------------|------------------------|--|--|
|     | ■ No □ Yes. Fill in the details.  |   |                  |               |   |                |                        |  |  |
|     | Name of trust   | Description and   | value of the pro | perty trans   | sferred                                   | Date Tra       | nsfer was              |  |  |
| Pai | t 8: List of Certain Financial Accounts, Inst   | ruments, Safe Deposi  | t Boxes, and St  | torage Uni    | ts  |                |                        |  |  |
| 20. | Within 1 year before you filed for bankruptcy,  | , were any financial ac                                       | counts or instr  | ruments he    | eld in your name, or for y                | your benefi    | t, closed,             |  |  |
|     | sold, moved, or transferred?<br>Include checking, savings, money market, or<br>houses, pension funds, cooperatives, associ  |   |                  |               | it; shares in banks, cred                 | it unions, b   | rokerage               |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |                  |               |   |                |                        |  |  |
|     |   | Last 4 digits of  | Type of acco     | unt or        | Date account was                          | La             | st balance             |  |  |
|     |   | account number  | instrument       |               | closed, sold,<br>moved, or<br>transferred |                | closing or<br>transfer |  |  |
| 21. | Do you now have, or did you have within 1 yearsh, or other valuables?   | ear before you filed for                                      | r bankruptcy, a  | ny safe de    | posit box or other depo                   | sitory for se  | curities,              |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |                  |               |   |                |                        |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, S<br>State and ZIP Code) |                  | Describe      | the contents                              | Do yo have i   | u still<br>it?         |  |  |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?   |   |                  |               |   |                |                        |  |  |
|     | ■ No  |   |                  |               |   |                |                        |  |  |
|     | Yes. Fill in the details.   |   |                  |               |   |                |                        |  |  |
|     | Name of Storage Facility  | Who else has or   | had access       | Describe      | the contents                              | _              | u still                |  |  |
|     | Address (Number, Street, City, State and ZIP Code)  | to it? Address (Number, S State and ZIP Code)                 | Street, City,    |               |   | have i         | t?                     |  |  |
| Pa  | t 9: Identify Property You Hold or Control fo   | or Someone Else   |                  |               |   |                |                        |  |  |
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.                                    |   |                  |               |   |                |                        |  |  |
|     | ■ No  |   |                  |               |   |                |                        |  |  |
|     | ☐ Yes. Fill in the details.   |   |                  |               |   |                |                        |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the prop<br>(Number, Street, City, S<br>Code)        |                  | Describe      | the property                              |                | Value                  |  |  |
| Pa  | t 10: Give Details About Environmental Infor  | rmation   |                  |               |   |                |                        |  |  |
| For | the purpose of Part 10, the following definition  | ns apply:   |                  |               |   |                |                        |  |  |
|     | Environmental law means any federal, state, toxic substances, wastes, or material into the  | e air, land, soil, surfac                                     | e water, ground  |               |   |                |                        |  |  |
|     | regulations controlling the cleanup of these s<br>Site means any location, facility, or property  | as defined under any  |                  | law, wheth    | ner you now own, operat                   | te, or utilize | it or used             |  |  |
|     | to own, operate, or utilize it, including disposal sites.  Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, |   |                  |               |   |                |                        |  |  |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

hazardous material, pollutant, contaminant, or similar term.

Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 47 of 63 Case number (if known)

Debtor 1 Steven D Roth

| 24.    | . Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No   |   |                                     |   |  |  |  |  |  |  |
|--------|--|---|-------------------------------------|---|--|--|--|--|--|--|
|        | Yes. Fill in the details.  |   |                                     |   |  |  |  |  |  |  |
|        | Name of site Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State at<br>ZIP Code) | Environmental law, if you know it   | Date of notice  |  |  |  |  |  |  |
| 25.    | Have you notified any governmental unit of   | any release of hazardous material?  |                                     |   |  |  |  |  |  |  |
|        | ■ No □ Yes. Fill in the details.   |   |                                     |   |  |  |  |  |  |  |
|        | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | Environmental law, if you know it   | Date of notice  |  |  |  |  |  |  |
| 26.    | Have you been a party in any judicial or adn ■ No  | ninistrative proceeding under any env                                     | vironmental law? Include settlement | s and orders.   |  |  |  |  |  |  |
|        | Yes. Fill in the details.  |   |                                     |   |  |  |  |  |  |  |
|        | Case Title<br>Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the case                  | Status of the case  |  |  |  |  |  |  |
| Par    | 11: Give Details About Your Business or  | Connections to Any Business   |                                     |   |  |  |  |  |  |  |
| 27.    | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?   |   |                                     |   |  |  |  |  |  |  |
|        | ■ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  |   |                                     |   |  |  |  |  |  |  |
|        | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |   |                                     |   |  |  |  |  |  |  |
|        | ☐ A partner in a partnership   |   |                                     |   |  |  |  |  |  |  |
|        | ■ An officer, director, or managing executive of a corporation   |   |                                     |   |  |  |  |  |  |  |
|        | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |   |                                     |   |  |  |  |  |  |  |
|        | □ No. None of the above applies. Go to Part 12.  |   |                                     |   |  |  |  |  |  |  |
|        | Yes. Check all that apply above and fill   | in the details below for each busines                                     | ss.                                 |   |  |  |  |  |  |  |
|        | Business Name<br>Address<br>(Number, Street, City, State and ZIP Code)   | Describe the nature of the business  Name of accountant or bookkeeper     |                                     | Employer Identification number Do not include Social Security number or ITIN. |  |  |  |  |  |  |
|        |  |   | Dates business existed              |   |  |  |  |  |  |  |
|        | Steve Roth State Farm Insurance<br>1163 N Green Bay Rd   | Insurance - Commissions not transferrable per State Farm                  | EIN: 20-0299483                     |   |  |  |  |  |  |  |
|        | Waukegan, IL 60085   | Agent's agreement   | From-To 2001-2016                   |   |  |  |  |  |  |  |
|        |  | Charles Price CPA   |                                     |   |  |  |  |  |  |  |
|        | Steve Roth Insurance Agency Inc<br>1163 N Green Bay Rd   | Insurance - Commissions not transferrable per State Farm                  | EIN: 81-3786338                     |   |  |  |  |  |  |  |
|        | Waukegan, IL 60085   | Agent's agreement   | From-To 2017-                       |   |  |  |  |  |  |  |
|        |  | Charles Price CPA   |                                     |   |  |  |  |  |  |  |
|        | . Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |   |                                     |   |  |  |  |  |  |  |
|        | ■ No □ Yes. Fill in the details below.   |   |                                     |   |  |  |  |  |  |  |
|        | Name<br>Address  | Date Issued   |                                     |   |  |  |  |  |  |  |
| Offici | (Number, Street, City, State and ZIP Code) al Form 107 Statem  | ent of Financial Affairs for Individuals Filin                            | ng for Bankruptev                   | page  |  |  |  |  |  |  |

Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Page 48 of 63
Case number (if known) Document

Debtor 1 Steven D Roth

| Fait 12. Sign Below              |   |  |
|----------------------------------|---|--|
| are true and correct. I unde     | this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the ansistand that making a false statement, concealing property, or obtaining money or property by fraud in connresult in fines up to \$250,000, or imprisonment for up to 20 years, or both.  , and 3571. |  |
| /s/ Steven D Roth                |   |  |
| Steven D Roth                    | Signature of Debtor 2   |  |
| Signature of Debtor 1            |   |  |
| Date October 9, 2017             | Date  |  |
| Did you attach additional p □ No | ges to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |  |
| Yes                              |   |  |
| Did you pay or agree to pa ■ No  | someone who is not an attorney to help you fill out bankruptcy forms?   |  |
| ☐ Yes. Name of Person            | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).   |  |

Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Case 17-30285 Page 49 of 63 Document Case number (if known) Debtor 1 Steven D Roth Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 2 Steven D Roth Signature of Debtor 1 Date < 10 - 9-Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No
□ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No.

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 50 of 63

|  | nation to identify your   | case.  |   |  |
|--|---|--|---|--|
| Debtor 1   | Steven D Roth First Name  | Middle Name  | Last Name   | -  |
| Debtor 2   |   |  |   |  |
| (Spouse if, filing)  | First Name  | Middle Name  | Last Name   | -  |
| United States Ba   | nkruptcy Court for the:   | NORTHERN DISTR   | RICT OF ILLINOIS  | -  |
| Case number  |   |  |   | ☐ Check if this is an amended filing   |
| If you are an indi creditors have you have leas You must file this whiche on the f | vidual filing under cha<br>e claims secured by you<br>ed personal property a<br>s form with the court we<br>ever is earlier, unless the | npter 7, you must fill o<br>our property, or<br>and the lease has not<br>vithin 30 days after yo<br>he court extends the |   | ate set for the meeting of creditors,<br>to the creditors and lessors you list |
| Be as complete a write yo  |   | mber (if known).   | needed, attach a separate sheet to this form  | . On the top of any additional pages,  |
|  |   | art 1 of Schedule D:   | Creditors Who Have Claims Secured by Pro  | perty (Official Form 106D), fill in the  |
| information be<br>Identify the cre   | editor and the property t   | hat is collateral  | What do you intend to do with the property secures a debt?  | that Did you claim the property as exempt on Schedule C?                       |
| Creditor's <b>F</b> o  | ord Motor Credit  |  | ☐ Surrender the property. ☐ Retain the property and redeem it.                                    | □No  |
|  | 2017 Ford Fusion<br>Leased  | 6,500 miles  | Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | ■ Yes  |
| securing debt:   |   |  | make payments   |  |
| Creditor's IR  | RS- Notice  |  | ☐ Surrender the property. ☐ Retain the property and redeem it.                                    | □No  |
| Description of 2421 Mallard Drive Lindenh  |   |  | Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement. | ■ Yes  |
| property securing debt:  | IL 60046 Lake Co<br>purchased in 2002<br>(value per Zillow)   | •  | ■ Retain the property and [explain]: make payments  |  |
| Creditor's <b>S</b>  | antander Consumer   | USA  | ☐ Surrender the property.   | □ No   |
| HUHHO.   |   |  | Retain the property and redeem it.  |  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

## Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 51 of 63

| Debtor 1 Steven D Roth  | Case number (if known)   |   |  |
|---|--|---|--|
| securing debt:  |  |   |  |
| Creditor's State Farm Bank name:  | ☐ Surrender the property. ☐ Retain the property and redeem it.                                     | □ No                                    |  |
| Description of property IL 60046 Lake County  | Retain the property and enter into a Reaffirmation Agreement.                                      | ■ Yes                                   |  |
| securing debt: purchased in 2002 for \$242,000 (value per Zillow)   | Retain the property and [explain]: make payments   |   |  |
| Creditor's State Farm Bank name:  | ☐ Surrender the property. ☐ Retain the property and redeem it.                                     | □ No                                    |  |
| Description of 2421 Mallard Drive Lindenhurst,  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement.                                 | ■ Yes                                   |  |
| property IL 60046 Lake County securing debt: purchased in 2002 for \$242,000  | Retain the property and [explain]:   |   |  |
| (value per Zillow)  | make payments  | <u> </u>                                |  |
| Creditor's State Farm Bank  | ☐ Surrender the property.  | □ No                                    |  |
| name:   | Retain the property and redeem it.   | ■ Yes                                   |  |
| Description of 2012 Ford Explorer 125000  | Retain the property and enter into a<br>Reaffirmation Agreement.                                   | _ 100                                   |  |
| property miles securing debt: Wife Drives   | ☐ Retain the property and [explain]:   |   |  |
| Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you lister in the information below. Do not list real estate leases. U You may assume an unexpired personal property lease in | d in Schedule G: Executory Contracts and Une<br>nexpired leases are leases that are still in effec | et; the lease period has not yet ended. |  |
| Describe your unexpired personal property leases  |  | Will the lease be assumed?              |  |
| Lessor's name: Description of leased  |  | □ No                                    |  |
| Property:   |  | ☐ Yes                                   |  |
| Lessor's name: Description of leased  |  | □ No                                    |  |
| Property:   |  | ☐ Yes                                   |  |
| Lessor's name: Description of leased  |  | □ No                                    |  |
| Property:   |  | ☐ Yes                                   |  |
| Lessor's name: Description of leased  |  | □ No                                    |  |
| Property:   |  | ☐ Yes                                   |  |
| Lessor's name: Description of leased  |  | □ No                                    |  |
| Property:   |  | ☐ Yes                                   |  |
| Lessor's name:  |  | □ No                                    |  |

Official Form 108

## Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 52 of 63

| Debtor 1 Steven D Roth                               | Case number (if known) |               |
|--|------------------------|---------------|
| Description of leased<br>Property:                   |                        | ☐ Yes         |
| Lessor's name:<br>Description of leased<br>Property: |                        | □ No<br>□ Yes |

## Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 53 of 63

|                         | Steven D Roth   | Case number (if known)  |
|-------------------------|---|---|
|                         |   |   |
|                         |   |   |
|                         |   |   |
|                         |   |   |
|                         |   |   |
| Part 3:                 | Sign Below  |   |
|                         |   |   |
|                         | enalty of perjury, I declare that I have indica<br>that is subject to an unexpired lease. | ted my intention about any property of my estate that secures a debt and any personal   |
| property                |   | ted my intention about any property of my estate that secures a debt and any personal X |
| oroperty<br>X /s/       | that is subject to an unexpired lease.  |   |
| oroperty<br>X /s/<br>St | that is subject to an unexpired lease.  Steven D Roth                                     | X   |

## Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 54 of 63

| Debtor 1      | Steven D Roth   |                 | Case number (if known)      |                           |
|---------------|---|-----------------|-----------------------------|---------------------------|
|               |   |                 |                             |                           |
|               |   |                 |                             |                           |
|               |   |                 |                             |                           |
|               |   |                 |                             |                           |
| Part 3:       | Sign Below  |                 |                             |                           |
|               | nalty of perjury, I declare that I have indicated my intention a<br>hat is subject to an unexpired lease. | bout any proper | ty of my estate that secure | s a debt and any personal |
| $\mathcal{L}$ | St TCA  | x               |                             |                           |
|               | ven D Roth<br>ature of Debtor 1   | Signature of    | Debtor 2                    |                           |
| Date          | X 10-9-17   | Date            |                             |                           |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 59 of 63

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court**Northern District of Illinois

| In re       | Steven D Roth   |  | Case N  | o   |
|-------------|---|--|---|---|
|             |   | Debtor(s)  | Chapte  | r <b>7</b>                                      |
|             | DISCLOSURE OF COM   | IPENSATION OF ATTOI  | RNEY FOR  | DEBTOR(S)                                       |
| c           | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. compensation paid to me within one year before the rendered on behalf of the debtor(s) in contemplation.  | e filing of the petition in bankruptcy,  | or agreed to be p   | aid to me, for services rendered or to          |
|             | For legal services, I have agreed to accept   |  | \$  | 3,000.00  |
|             | Prior to the filing of this statement I have rece   |  |   | 3,000.00  |
|             | Balance Due   |  | \$  | 0.00  |
| 2. \$       | <b>335.00</b> of the filing fee has been paid.  |  |   |   |
| 3. T        | The source of the compensation paid to me was:  |  |   |   |
|             | ■ Debtor □ Other (specify):   |  |   |   |
| 4. T        | The source of compensation to be paid to me is:   |  |   |   |
|             | ■ Debtor □ Other (specify):   |  |   |   |
| 5. <b>I</b> | ■ I have not agreed to share the above-disclosed  | compensation with any other person   | unless they are m   | embers and associates of my law firm.           |
| I           | ☐ I have agreed to share the above-disclosed concopy of the agreement, together with a list of t  |  |   |   |
| 6. I        | In return for the above-disclosed fee, I have agreed  | d to render legal service for all aspect   | s of the bankrupto  | cy case, including:                             |
| b<br>c      | a. Analysis of the debtor's financial situation, and b. Preparation and filing of any petition, schedule c. Representation of the debtor at the meeting of of l. [Other provisions as needed]  Negotiations with secured creditor reaffirmation agreements and appli 522(f)(2)(A) for avoidance of liens of | s, statement of affairs and plan which<br>creditors and confirmation hearing, ar<br>s to reduce to market value; exe<br>cations as needed; preparation | may be required;<br>and any adjourned be<br>emption planning      | hearings thereof; ng; preparation and filing of |
| 7. E        | By agreement with the debtor(s), the above-disclosure Representation of the debtors in ar any other adversary proceeding.   |  |   | nces, relief from stay actions or               |
|             |   | CERTIFICATION  |   |   |
|             | certify that the foregoing is a complete statement ankruptcy proceeding.  | of any agreement or arrangement for  | payment to me for   | or representation of the debtor(s) in           |
| 0           | ctober 9, 2017  | /s/ Daniel J Winte   | er  |   |
|             | ate   | Daniel J Winter 6 Signature of Attorne Law Offices of Da 53 W Jackson Bo Suite 718 Chicago, IL 60604 312-427-1613 Fa                                   | 208223<br>y<br>aniel J Winter<br>oulevard<br>4<br>x: 312-663-1312 | 2   |
|             |   | <u>djw@dwinterlaw.</u><br>Name of law firm   | com   |   |

## **United States Bankruptcy Court**Northern District of Illinois

|       |   | - 10- 1                                  |                               |                |
|-------|---|--|-------------------------------|----------------|
| In re | Steven D Roth                             |  | Case No.                      |                |
|       |   | Debtor(s)                                | Chapter <b>7</b>              |                |
|       | VI  | ERIFICATION OF CREDITOR I                | MATRIX                        |                |
|       |   | Number o                                 | of Creditors:                 | 38             |
|       | The above-named Debtor(s (our) knowledge. | s) hereby verifies that the list of cred | litors is true and correct to | the best of my |
| Date: | October 9, 2017                           | /s/ Steven D Roth Steven D Roth          |                               |                |

### Case 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Document Page 61 of 63

#### United States Bankruptcy Court Northern District of Illinois

|       |   | Not their District of Infinois          |                     |                           |
|-------|---|---|---------------------|---------------------------|
| In re | Steven D Roth                                   | Debtor(s)                               | Case No.<br>Chapter | 7                         |
|       | VERIF   | FICATION OF CREDITOR MA                 | TRIX                |                           |
|       |   | Number of Cr                            | editors: _          | 38                        |
|       | The above-named Debtor(s) here (our) knowledge. | eby verifies that the list of creditors | s is true and       | correct to the best of my |
| Date: | 10-9-2017                                       | Steven D Roth Signature of Debtor       | 2                   |                           |

Alpha Recoveraser 17, 30285 Doc 1 5660 Greenwood Plaza Suite 101 Greenwood Village, CO 80111

PDOSJUMENTA Page 62 of 63 Sioux Falls, SD 57117

Eiledan 10/10/17 Entered 10/10/17 10:50 in 51eClines and adjustic of IL

PO Box 329 Woonsocket, RI 02895-0781

Anesthesia Consultants Ltd 34121 Eagle Way Chicago, IL 60678-1341

Citibank c/o ACI PO Box 717 Getzville, NY 14068-0717

Northwestern Medicine 28155 Network Place Chicago, IL 60673-1281

Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130 Dorie Roth 2421 Mallard Lane Lake Villa, IL 60046 Phoenix Financial Services. Llc Po Box 361450 Indianapolis, IN 46236

Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130

Dorie Roth 2421 Mallard Lane Lake Villa, IL 60046 PNC Bank 2730 Liberty Ave Pittsburgh, PA 15222

Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130

Ford Motor Credit National Bankruptcy Service Center Po Box 62180 Colorado Springs, CO 80962

Santander Consumer USA Po Box 961245 Ft Worth, TX 76161

Capital One Po Box 30253 Salt Lake City, UT 84130

Ford Motor Credit National Bankruptcy Service Center Po Box 62180 Colorado Springs, CO 80962

State Farm Bank Po Box 2316 Bloomington, IL 61702

Cbusasears Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179

Illinois Department of Revenue PO Box 19025 Springfield, IL 62794-9025

State Farm Bank Attn: Bankruptcy Po Box 2328 Bloomington, IL 61702

Certified Services Inc Po Box 177 Waukegan, IL 60079

IRS- Notice PO Box 7346 Philadelphia, PA 19101-7346

State Farm Bank Attn: Bankruptcy Po Box 2328 Bloomington, IL 61702

Certified Services Inc Po Box 177 Waukegan, IL 60079

IRS- Notice PO Box 7346 Philadelphia, PA 19101-7346

State Farm Bank POBox 3298 Milwaukee, WI 53201

Chase Card Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Lending Club Corp 71 Stevenson St Suite 300 San Francisco, CA 94105 State Farm FCU Attn: Bankruptcv Po Box 853944 Richardson, TX 75085 State Farm Rase 17-30285 Doc 1 Filed 10/10/17 Entered 10/10/17 10:50:51 Desc Main Attn: Bankruptcy Document Page 63 of 63

Attn: Bankruptcy Po Box 853944 Richardson, TX 75085

State Farm Financial S 1 State Farm Plaza Bloomington, IL 61710

Superior Air Ground Amb Serv PO Box 1407 Elmhurst, IL 60126

United Collection Bureau, Inc. 5620 Southwyck Blvd, Suite 206 Toledo, OH 43614

Vireo Emergency Physicians LLC PO Box 38031 Philadelphia, PA 19101-8031

Vista Imaging Assoc PO box 8453 Carol Stream, IL 60197-8453

Vista Medical Center c/o Komyatte & Casbon PC 9650 Gordon Drive Highland, IN 46322

Wells Fargo POBox 29482 Phoenix, AZ 85072